

<i>SERFF Tracking Number:</i>	<i>MUTM-126422940</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44431</i>
<i>Company Tracking Number:</i>	<i>THEA SHEPHERD</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.010 Plan M 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>Medicare Supplement Standards Plans 2010 M & N - UM30-22545</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Standards Plans 2010 M & N - United/UM30-22545</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-126422940 State: Arkansas

Standards Plans 2010 M & N - UM30-22545

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 44431
Standard Plans 2010 Closed

Sub-TOI: MS08I.010 Plan M 2010

Co Tr Num: THEA SHEPHERD

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Stephanie Fowler

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Disposition Date: 01/27/2010

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Date Submitted: 12/23/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date: 06/01/2010

State Filing Description:

General Information

Project Name: Medicare Supplement Standards Plans 2010 M & N -

Status of Filing in Domicile: Not Filed

United

Project Number: UM30-22545

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/27/2010

Explanation for Other Group Market Type:

State Status Changed: 01/27/2010

Deemer Date:

Created By: Mary Gregg

Submitted By: Mary Gregg

Corresponding Filing Tracking Number:

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Filing Description:

RE: United of Omaha Life Insurance Company
 NAIC # 261-69868 FEIN 47-0322111
 Individual Medicare Supplement Insurance
 Policy Forms UM30-22545 and UM31-22546
 Outline of Coverage Forms CP39, RP39.9.B-AR, RP39.25.B-AR and BC39
 Actuarial Memorandum and Rate Schedules

In an effort to expand our current Medicare Supplement portfolio, enclosed for filing with your Department are copies of the following individual 2010 Standardized Medicare Supplement Benefit Plans M and N. These forms were developed for compliance with the amended NAIC Medigap model as required by the federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA).

FORM NUMBER.....	DESCRIPTION.....	RATE SCHEDULE
UM30-22545.....	Medicare Supplement Insurance Policy (Plan M).....	UM30 AR Base Rate 06/04/2009 0001
UM31-22546.....	Medicare Supplement Insurance Policy (Plan N).....	UM31 AR Base Rate 06/04/2009 0001
CP39.....	Outline of Coverage Cover Page.....	Not Applicable
RP39.9.B-AR.....	Outline of Coverage Rate Page (Agency & Direct Response)....	Not Applicable
RP39.25.B-AR.....	Outline of Coverage Rate Page (Direct Response)....	Not Applicable
BC39.....	Outline of Coverage Benefit Charts.....	Not Applicable

These new plans will be used for new business sales with a coverage effective date of June 1, 2010, or later. The forms are new and will not replace any forms previously filed.

These new plans contain identical wording, except for the different standardized benefits applicable to each particular plan.

Previously approved application UA5910-03 approved on April 25, 2008, will be used to apply for these new Medicare supplement plans. No changes have been made to the application except to reflect the addition of these new policy form numbers. Solicitation of the Medicare Supplement policies will be conducted by our career agents, independent brokers/producers and through our direct response marketing channels.

The Outline of Coverage Forms, CP39, RP39.9.B-AR, RP39.25.B-AR and BC39, are being filed as separate module forms that, along with previously approved disclosure page DP2B, approved by your Department on August 18, 2009, will comprise our new Medicare supplement outline of coverage. These cover page, disclosure page, rate page and benefit chart modules will be bundled together as a single document to be presented to the applicant at time of

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application.

Please note the outline cover page has been shaded and bolded to show the plans approved for sale in your state. The outline rate page shows the format used for displaying rates. The rate pages will illustrate rates based on ZIP code and whether an applicant is a tobacco or non-tobacco user. The outline will only contain one rate page format at a time. The disclosure and benefit chart pages contain all necessary information required by the NAIC model.

An actuarial memorandum and rate schedule pages reflecting rates for these plans are also attached.

These forms meet or exceed your state's FLESCH score requirements.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me. Thank you.

Sincerely,

Neil Sandhoefner
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-6969
Fax: 402-351-5298
E-mail: Neil.Sandhoefner@mutualofomaha.com

Company and Contact

Filing Contact Information

Thea Shepherd, Policy Drafting and Regulatory thea.shepherd@mutualofomaha.com
Specialist

Regulatory Affairs 402-351-4020 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 2 policy packages x \$50 = \$100.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$100.00	12/23/2009	33049582

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Disposition

Disposition Date: 01/27/2010
Implementation Date: 06/01/2010
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	Arkansas Fee Schedule Certification	Accepted for Informational Purposes	Yes
Supporting Document	Arkansas Credit Card Certification	Accepted for Informational Purposes	Yes
Supporting Document	DP2B Disclosure Page - previously approved 08/18/2009	Accepted for Informational Purposes	Yes
Form	Medicare Supplement Insurance Policy (Plan M)	Approved	Yes
Form	Medicare Supplement Insurance Policy (Plan N)	Approved	Yes
Form	Outline of Coverage Cover Page	Approved	Yes
Form	Outline of Coverage Rate Page (Agency & Direct Response)	Approved	Yes
Form	Outline of Coverage Rate Page (Direct Response)	Approved	Yes
Form	Outline of Coverage Benefit Charts	Approved	Yes
Rate	AR UMS 2010 UM30 Filing Packet	Approved	Yes
Rate	AR UMS 2010 UM31 Filing Packet	Approved	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/27/2010	UM30-22545	Policy/Contractal Certificate	Cont Medicare Fraternal Insurance Policy (Plan M)	Initial		0.000	UM30-22545 Plan M.pdf POL SCHED--PLAN M--UM30-22545.pdf
Approved 01/27/2010	UM31-22546	Policy/Contractal Certificate	Cont Medicare Fraternal Insurance Policy (Plan N)	Initial		0.000	UM31-22546 Plan N.pdf POL SCHED--PLAN N--UM31-22546.pdf
Approved 01/27/2010	CP39	Outline of Coverage	Outline of Coverage Cover Page	Initial		0.000	CP39 (Outline Cover Page).pdf
Approved 01/27/2010	RP39.9.B-AR	Outline of Coverage	Outline of Coverage Rate Page (Agency & Direct Response)	Initial		0.000	RP39.9.B-AR (Outline Rate Page AGY).pdf
Approved 01/27/2010	RP39.25.B-AR	Outline of Coverage	Outline of Coverage Rate Page (Direct Response)	Initial		0.000	RP39.25.B-AR (Outline Rate Page DTC).pdf
Approved 01/27/2010	BC39	Outline of Coverage	Outline of Coverage Benefit Charts	Initial		0.000	BC39 (Outline Benefit Charts).pdf

MEDICARE SUPPLEMENT INSURANCE POLICY PLAN M

CONSIDERATION

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this policy in force as of the Policy Date. That date is shown on the policy schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE POLICY

Please read your policy. If, for any reason, you are not satisfied with it, you may return your policy to us or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The policy will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your policy was issued on the basis that all information in the application is correct and complete. If not, your policy may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This policy is guaranteed renewable for life. This means you have the right to continue your policy in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this policy may change. If you cease to be eligible for the household premium discount described in the Household Premium Discount provision, your policy's premium discount will be removed. This premium change will occur on the first Policy Renewal Date coinciding with or following the date we learn your eligibility ended.

A premium change for any other reason can only be made if we make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of your state. This type of premium change can occur on any Policy Renewal Date. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.
READ YOUR POLICY CAREFULLY.**

NOTICE TO BUYER:

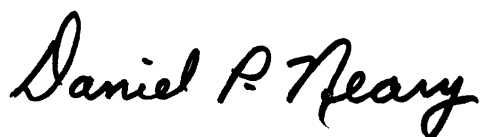
THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

This Is a Non-Participating Policy---No Dividends Will Be Paid.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-XXX-XXX-XXXX]

Claims Service [1-XXX-XXX-XXXX]



Chairman of the Board



Corporate Secretary

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DEFINITIONS

Shown below are the defined terms used in your policy. These terms are capitalized wherever they appear in the policy.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your policy is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your policy. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Policy Date means the date coverage starts under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day this policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your policy is in force.

We, Us or Our means United of Omaha Life Insurance Company.

You or Your means the person named as the Insured on the policy schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Policy is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay 100% of the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

Hospice Care Benefit

We will pay the co-payment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

PLAN M ADDITIONAL BENEFITS

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan M as follows. Plan M Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When you are confined in a Hospital as an inpatient, we will pay 50% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Emergency Care in a Foreign Country Benefit

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your policy's benefits will automatically adjust to coordinate with such changes. Your policy's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your policy will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this policy was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this policy at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your policy will be automatically reinstituted as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstitution of coverage will be effective as of the date of Medicaid termination. You must pay the applicable policy premium. Upon reinstitution, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this policy at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your policy will be automatically reinstituted as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstitution of your policy's coverage will be effective as of the date of group health plan termination. You must pay the applicable policy premium. Upon reinstitution, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the policy (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Policy Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this policy was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this policy is not in force, except as provided in the EXTENSION OF BENEFITS section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

HOUSEHOLD PREMIUM DISCOUNT

You are eligible for the household premium discount if:

- (a) you have resided with at least one, but no more than three other Medicare eligible adults for the past year; or you are married; and
- (b) at least one of these other adults or your spouse also owns or is issued a Medicare supplement policy underwritten by us or our affiliates.

The percentage by which your premium will be reduced is shown on the policy schedule.

Your policy's household premium discount will be removed if your spouse or the other Medicare supplement policyholder chooses to terminate their Medicare supplement policy or he or she no longer resides with you (other than in the case of their death).

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and policy number as shown on the policy schedule. Notice should be mailed to us in Omaha, Nebraska, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement policy. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Policy Renewal Date. Each time you renew your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders and amendment riders; and
- (e) any endorsements and amendments.

No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this policy, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during the grace period.

Reinstatement

Your policy will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement, this policy will be put back in force when we approve the application. If we do not approve the application, this policy will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated policy will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, you and we have the same rights under this policy as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this policy until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement policies at any one time. If you are insured under more than one such policy, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any policy that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this policy, any premium then due and unpaid may be deducted from the benefits payable.

Non-Participating

United of Omaha Life Insurance Company is a stock company. This policy does not participate in our profits or surplus earnings. No dividends will be paid.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

POLICY NUMBER	POLICY DATE	FIRST RENEWAL DATE
UM30-[000000-00M]	[6-1-10]	[6-1-11]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

POLICY BENEFIT	SERIES [22545]
-----------------------	-----------------------

AS SPECIFIED IN THE POLICY

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL PREMIUM \$[0,000.00]

MGR

[Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND POLICY ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

HOUSEHOLD PREMIUM DISCOUNT: [7%, None]

[RISK CLASS I - 10%]
[RISK CLASS II - 20%]

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

UM30-22545

MEDICARE SUPPLEMENT INSURANCE POLICY PLAN N

CONSIDERATION

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this policy in force as of the Policy Date. That date is shown on the policy schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE POLICY

Please read your policy. If, for any reason, you are not satisfied with it, you may return your policy to us or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The policy will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your policy was issued on the basis that all information in the application is correct and complete. If not, your policy may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This policy is guaranteed renewable for life. This means you have the right to continue your policy in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this policy may change. If you cease to be eligible for the household premium discount described in the Household Premium Discount provision, your policy's premium discount will be removed. This premium change will occur on the first Policy Renewal Date coinciding with or following the date we learn your eligibility ended.

A premium change for any other reason can only be made if we make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of your state. This type of premium change can occur on any Policy Renewal Date. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.
READ YOUR POLICY CAREFULLY.**

NOTICE TO BUYER:

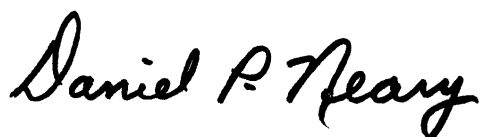
THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

This Is a Non-Participating Policy---No Dividends Will Be Paid.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-XXX-XXX-XXXX]

Claims Service [1-XXX-XXX-XXXX]



Chairman of the Board



Corporate Secretary

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DEFINITIONS

Shown below are the defined terms used in your policy. These terms are capitalized wherever they appear in the policy.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your policy is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your policy. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Policy Date means the date coverage starts under this policy as shown on the policy schedule.

Policy Renewal Date means the month and day this policy's premium payment is due. The frequency of the policy renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your policy is in force.

We, Us or Our means United of Omaha Life Insurance Company.

You or Your means the person named as the Insured on the policy schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Policy is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay 100% of the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay benefits for Part B Medicare Eligible Expenses as follows:

- (a) For each covered health care provider office visit (including visits to medical specialists), we will pay the Medicare Part B coinsurance amount not paid by Medicare, if any, after you have paid a co-payment amount. Your co-payment amount will be the lesser of \$20 or the Medicare Part B coinsurance amount;
- (b) For each covered emergency room visit, we will pay the coinsurance amount not paid by Medicare, if any, after you have paid a co-payment amount. Your co-payment amount will be the lesser of \$50 or the Medicare Part B coinsurance amount. This co-payment amount is waived if you are admitted to a Hospital and the emergency visit is subsequently covered as a Medicare Part A expense; and
- (c) For all other Part B Medicare Eligible Expenses, we will pay the coinsurance amount not paid by Medicare. No co-payment amount will be due from you.

The Part B coinsurance amount not paid by Medicare for Medicare Eligible Expenses is generally 20% of the total amount approved by Medicare for medical services.

As explained in the AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE section, if Medicare changes its co-payment levels, your policy's benefits will adjust accordingly.

Hospice Care Benefit

We will pay the co-payment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

PLAN N ADDITIONAL BENEFITS

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan N as follows. Plan N Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When you are confined in a Hospital as an inpatient, we will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Emergency Care in a Foreign Country Benefit

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts, coinsurance percentage amounts or co-payment amounts, your policy's benefits will automatically adjust to coordinate with such changes. Your policy's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your policy will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this policy was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this policy at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your policy will be automatically reinstituted as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstitution of coverage will be effective as of the date of Medicaid termination. You must pay the applicable policy premium. Upon reinstitution, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this policy at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your policy will be automatically reinstituted as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstitution of your policy's coverage will be effective as of the date of group health plan termination. You must pay the applicable policy premium. Upon reinstitution, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This policy will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the policy (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Policy Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this policy was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this policy is not in force, except as provided in the EXTENSION OF BENEFITS section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

HOUSEHOLD PREMIUM DISCOUNT

You are eligible for the household premium discount if:

- (a) you have resided with at least one, but no more than three other Medicare eligible adults for the past year; or you are married; and
- (b) at least one of these other adults or your spouse also owns or is issued a Medicare supplement policy underwritten by us or our affiliates.

The percentage by which your premium will be reduced is shown on the policy schedule.

Your policy's household premium discount will be removed if your spouse or the other Medicare supplement policyholder chooses to terminate their Medicare supplement policy or he or she no longer resides with you (other than in the case of their death).

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice

should give your name and policy number as shown on the policy schedule. Notice should be mailed to us in Omaha, Nebraska, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement policy. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Policy Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Policy Renewal Date. Each time you renew your policy by paying the premium within the 31-day grace period, the new term begins when the old term ends.

POLICY PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the policy;
- (b) the attached signed application;
- (c) any supplemental applications made part of the policy;
- (d) any riders and amendment riders; and
- (e) any endorsements and amendments.

No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the policy. Any rider, endorsement or application added after the Policy Date which reduces or eliminates coverage under this policy will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this policy, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your policy's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during the grace period.

Reinstatement

Your policy will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement, this policy will be put back in force when we approve the application. If we do not approve the application, this policy will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated policy will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, you and we have the same rights under this policy as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this policy until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement policies at any one time. If you are insured under more than one such policy, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any policy that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this policy, any premium then due and unpaid may be deducted from the benefits payable.

Non-Participating

United of Omaha Life Insurance Company is a stock company. This policy does not participate in our profits or surplus earnings. No dividends will be paid.

Conformity with State Statutes

If any provision of this policy conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

POLICY SCHEDULE

POLICY NUMBER	POLICY DATE	FIRST RENEWAL DATE
UM31-[000000-00M]	[6-1-10]	[6-1-11]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

POLICY BENEFIT	SERIES [22546]
-----------------------	-----------------------

AS SPECIFIED IN THE POLICY

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL PREMIUM \$[0,000.00]

MGR

[Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND POLICY ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

HOUSEHOLD PREMIUM DISCOUNT: [7%, None]

[RISK CLASS I - 10%]
[RISK CLASS II - 20%]

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

UM31-22546

UNITED OF OMAHA LIFE INSURANCE COMPANY
A Mutual of Omaha Company
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, F, G, M AND N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans. Plans E, H, I, and J are no longer available for sale.

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
Blood: First 3 pints of blood each year.
Hospice: Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance *		Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit \$4,620; paid at 100% after limit reached	Out-of-pocket limit \$2,310; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible Plan F will not begin until out of pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$84.78	Attained Age 65+	\$122.86	Attained Age 65+	\$104.44	Attained Age 65+	\$97.67	Attained Age 65+	\$91.54

NON-TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$254.33	Attained Age 65+	\$368.59	Attained Age 65+	\$313.31	Attained Age 65+	\$293.02	Attained Age 65+	\$274.61

NON-TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$508.67	Attained Age 65+	\$737.17	Attained Age 65+	\$626.63	Attained Age 65+	\$586.04	Attained Age 65+	\$549.22

NON-TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,017.33	Attained Age 65+	\$1,474.34	Attained Age 65+	\$1,253.25	Attained Age 65+	\$1,172.07	Attained Age 65+	\$1,098.43

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$91.65	Attained Age 65+	\$132.82	Attained Age 65+	\$112.91	Attained Age 65+	\$105.59	Attained Age 65+	\$98.96

TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$274.96	Attained Age 65+	\$398.47	Attained Age 65+	\$338.72	Attained Age 65+	\$316.78	Attained Age 65+	\$296.87

TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$549.91	Attained Age 65+	\$796.94	Attained Age 65+	\$677.44	Attained Age 65+	\$633.55	Attained Age 65+	\$593.75

TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,099.82	Attained Age 65+	\$1,593.88	Attained Age 65+	\$1,354.87	Attained Age 65+	\$1,267.10	Attained Age 65+	\$1,187.49

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149, 72150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$88.91	Attained Age 65+	\$128.86	Attained Age 65 +	\$109.53	Attained Age 65+	\$102.44	Attained Age 65+	\$96.00

NON-TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$266.74	Attained Age 65+	\$386.57	Attained Age 65+	\$328.60	Attained Age 65+	\$307.31	Attained Age 65+	\$288.00

NON-TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$533.48	Attained Age 65+	\$773.13	Attained Age 65+	\$657.20	Attained Age 65+	\$614.62	Attained Age 65+	\$576.01

NON-TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,066.96	Attained Age 65+	\$1,546.26	Attained Age 65+	\$1,314.39	Attained Age 65+	\$1,229.24	Attained Age 65+	\$1,152.01

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149, 72150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$96.12	Attained Age 65+	\$139.30	Attained Age 65+	\$118.41	Attained Age 65+	\$110.74	Attained Age 65+	\$103.79

TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$288.37	Attained Age 65+	\$417.91	Attained Age 65+	\$355.24	Attained Age 65+	\$332.23	Attained Age 65+	\$311.36

TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$576.74	Attained Age 65+	\$835.82	Attained Age 65+	\$710.48	Attained Age 65+	\$664.46	Attained Age 65+	\$622.71

TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,153.47	Attained Age 65+	\$1,671.63	Attained Age 65+	\$1,420.96	Attained Age 65+	\$1,328.91	Attained Age 65+	\$1,245.42

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, 722

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$101.32	Attained Age 65+	\$146.83	Attained Age 65+	\$124.82	Attained Age 65+	\$116.73	Attained Age 65+	\$109.40

NON-TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$303.96	Attained Age 65+	\$440.50	Attained Age 65+	\$374.45	Attained Age 65+	\$350.19	Attained Age 65+	\$328.19

NON-TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$607.92	Attained Age 65+	\$881.01	Attained Age 65+	\$748.90	Attained Age 65+	\$700.38	Attained Age 65+	\$656.38

NON-TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,215.84	Attained Age 65+	\$1,762.01	Attained Age 65+	\$1,497.79	Attained Age 65+	\$1,400.76	Attained Age 65+	\$1,312.76

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, 722

TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$109.54	Attained Age 65+	\$158.74	Attained Age 65+	\$134.94	Attained Age 65+	\$126.20	Attained Age 65+	\$118.27

TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$328.61	Attained Age 65+	\$476.22	Attained Age 65+	\$404.81	Attained Age 65+	\$378.59	Attained Age 65+	\$354.80

TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$657.21	Attained Age 65+	\$952.44	Attained Age 65+	\$809.62	Attained Age 65+	\$757.17	Attained Age 65+	\$709.60

TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,314.42	Attained Age 65+	\$1,904.88	Attained Age 65+	\$1,619.23	Attained Age 65+	\$1,514.34	Attained Age 65+	\$1,419.20

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY**ZIP CODES: 716-719, 723-729****NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN) ***

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$84.78	Attained Age 65+	\$122.86	Attained Age 65+	\$104.44	Attained Age 65+	\$97.67	Attained Age 65+	\$91.54

NON-TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$254.33	Attained Age 65+	\$368.59	Attained Age 65+	\$313.31	Attained Age 65+	\$293.02	Attained Age 65+	\$274.61

NON-TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$508.67	Attained Age 65+	\$737.17	Attained Age 65+	\$626.63	Attained Age 65+	\$586.04	Attained Age 65+	\$549.22

NON-TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,017.33	Attained Age 65+	\$1,474.34	Attained Age 65+	\$1,253.25	Attained Age 65+	\$1,172.07	Attained Age 65+	\$1,098.43

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$91.65	Attained Age 65+	\$132.82	Attained Age 65+	\$112.91	Attained Age 65+	\$105.59	Attained Age 65+	\$98.96

TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$274.96	Attained Age 65+	\$398.47	Attained Age 65+	\$338.72	Attained Age 65+	\$316.78	Attained Age 65+	\$296.87

TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$549.91	Attained Age 65+	\$796.94	Attained Age 65+	\$677.44	Attained Age 65+	\$633.55	Attained Age 65+	\$593.75

TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,099.82	Attained Age 65+	\$1,593.88	Attained Age 65+	\$1,354.87	Attained Age 65+	\$1,267.10	Attained Age 65+	\$1,187.49

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149, 72150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$88.91	Attained Age 65+	\$128.86	Attained Age 65+	\$109.53	Attained Age 65+	\$102.44	Attained Age 65+	\$96.00

NON-TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$266.74	Attained Age 65+	\$386.57	Attained Age 65+	\$328.60	Attained Age 65+	\$307.31	Attained Age 65+	\$288.00

NON-TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$533.48	Attained Age 65+	\$773.13	Attained Age 65+	\$657.20	Attained Age 65+	\$614.62	Attained Age 65+	\$576.01

NON-TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,066.96	Attained Age 65+	\$1,546.26	Attained Age 65+	\$1,314.39	Attained Age 65+	\$1,229.24	Attained Age 65+	\$1,152.01

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149, 72150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$96.12	Attained Age 65+	\$139.30	Attained Age 65+	\$118.41	Attained Age 65+	\$110.74	Attained Age 65+	\$103.79

TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$288.37	Attained Age 65+	\$417.91	Attained Age 65+	\$355.24	Attained Age 65+	\$332.23	Attained Age 65+	\$311.36

TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$576.74	Attained Age 65+	\$835.82	Attained Age 65+	\$710.48	Attained Age 65+	\$664.46	Attained Age 65+	\$622.71

TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,153.47	Attained Age 65+	\$1,671.63	Attained Age 65+	\$1,420.96	Attained Age 65+	\$1,328.91	Attained Age 65+	\$1,245.42

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, 722

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$101.32	Attained Age 65+	\$146.83	Attained Age 65+	\$124.82	Attained Age 65+	\$116.73	Attained Age 65+	\$109.40

NON-TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$303.96	Attained Age 65+	\$440.50	Attained Age 65+	\$374.45	Attained Age 65+	\$350.19	Attained Age 65+	\$328.19

NON-TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$607.92	Attained Age 65+	\$881.01	Attained Age 65+	\$748.90	Attained Age 65+	\$700.38	Attained Age 65+	\$656.38

NON-TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,215.84	Attained Age 65+	\$1,762.01	Attained Age 65+	\$1,497.79	Attained Age 65+	\$1,400.76	Attained Age 65+	\$1,312.76

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, 722

TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$109.54	Attained Age 65+	\$158.74	Attained Age 65+	\$134.94	Attained Age 65+	\$126.20	Attained Age 65+	\$118.27

TOBACCO QUARTERLY RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$328.61	Attained Age 65+	\$476.22	Attained Age 65+	\$404.81	Attained Age 65+	\$378.59	Attained Age 65+	\$354.80

TOBACCO SEMIANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$657.21	Attained Age 65+	\$952.44	Attained Age 65+	\$809.62	Attained Age 65+	\$757.17	Attained Age 65+	\$709.60

TOBACCO ANNUAL RATES *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)		Policy Form UM31 (Plan N)	
Attained Age 65+	\$1,314.42	Attained Age 65+	\$1,904.88	Attained Age 65+	\$1,619.23	Attained Age 65+	\$1,514.34	Attained Age 65+	\$1,419.20

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

When you select a Monthly Direct Premium Amount, a \$2.00 monthly service fee will be added.

PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$0	\$1,100 (Part A Deductible)
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	\$0	Up to \$137.50 a day
101 st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLANS F AND G
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

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During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
MEDICAL EXPENSES —IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0	100%	\$0
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE —MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLANS M AND N
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan M Pays	You Pay	Plan N Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$550 (50% of Part A Deductible)	\$550 (50% of Part A deductible)	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment /coinsurance	\$0	Medicare copayment/ coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS M AND N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan M Pays	You Pay	Plan N Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PLANS M AND N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

PARTS A AND B

Services	Medicare Pays	Plan M Pays	You Pay	Plan N Pays	You Pay
HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

SERFF Tracking Number: MUTM-126422940 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 44431

Company Tracking Number: THEA SHEPHERD

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.010 Plan M 2010
Standard Plans 2010

Product Name: Medicare Supplement Standards Plans 2010 M & N - UM30-22545

Project Name/Number: Medicare Supplement Standards Plans 2010 M & N - United/UM30-22545

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 01/27/2010 Filing Packet	AR UMS 2010 UM30	UM30-22545	New		AR UMS 2010 UM30 FILING PACKET 12-17- 09.pdf
Approved 01/27/2010 Filing Packet	AR UMS 2010 UM31	UM31-22546	New		AR UMS 2010 UM31 FILING PACKET 12-17- 09.pdf

Schedule of Monthly Rates
For Policy Form UM30 - Arkansas

Attained Age	
All	128.77

NON-TOBACCO PREMIUMS ARE 7.5% LOWER THAN TOBACCO PREMIUMS.

RATES ARE 7% LOWER WHEN ANOTHER MEMBER OF THE HOUSEHOLD HAS A MUTUAL OF OMAHA, UNITED WORLD, OR UNITED OF OMAHA MEDICARE SUPPLEMENT POLICY.

RISK CLASS INCREASE IN PREMIUM OF 10% OR 20% BASED ON HEIGHT/WEIGHT CHART MAY APPLY.

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

NB UMS 2010		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT										
			AREA RATING FACTORS BY STATE AND ZIP CODE									
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	
Alabama	350	BO	0.98	Arkansas	72024	SS	0.86	Arkansas	72112	SS	0.86	
Alabama	351	BO	0.98	Arkansas	72025	SS	0.86	Arkansas	72113	BO	0.98	
Alabama	352	BO	0.98	Arkansas	72026	SS	0.86	Arkansas	72114	BO	0.98	
Alabama	354	BF	0.87	Arkansas	72027	SS	0.86	Arkansas	72115	BO	0.98	
Alabama	355	BO	0.98	Arkansas	72028	SS	0.86	Arkansas	72116	BO	0.98	
Alabama	356	BF	0.87	Arkansas	72029	SS	0.86	Arkansas	72117	BO	0.98	
Alabama	357	BF	0.87	Arkansas	72030	SS	0.86	Arkansas	72118	BO	0.98	
Alabama	358	BF	0.87	Arkansas	72031	SS	0.86	Arkansas	72119	BO	0.98	
Alabama	359	BF	0.87	Arkansas	72032	SS	0.86	Arkansas	72120	BO	0.98	
Alabama	360	BF	0.87	Arkansas	72033	SS	0.86	Arkansas	72121	SS	0.86	
Alabama	361	BF	0.87	Arkansas	72034	SS	0.86	Arkansas	72122	SS	0.86	
Alabama	362	BF	0.87	Arkansas	72035	SS	0.86	Arkansas	72123	SS	0.86	
Alabama	363	BF	0.87	Arkansas	72036	SS	0.86	Arkansas	72124	BO	0.98	
Alabama	364	BF	0.87	Arkansas	72037	SS	0.86	Arkansas	72125	SS	0.86	
Alabama	365	BF	0.87	Arkansas	72038	SS	0.86	Arkansas	72126	SS	0.86	
Alabama	366	BF	0.87	Arkansas	72039	SS	0.86	Arkansas	72127	SS	0.86	
Alabama	367	BF	0.87	Arkansas	72040	SS	0.86	Arkansas	72128	SS	0.86	
Alabama	368	BF	0.87	Arkansas	72041	SS	0.86	Arkansas	72129	SS	0.86	
Alabama	369	BF	0.87	Arkansas	72042	SS	0.86	Arkansas	72130	SS	0.86	
Alaska	995	F	1.00	Arkansas	72043	SS	0.86	Arkansas	72131	SS	0.86	
Alaska	996	F	1.00	Arkansas	72044	SS	0.86	Arkansas	72132	SS	0.86	
Alaska	997	F	1.00	Arkansas	72045	SS	0.86	Arkansas	72133	SS	0.86	
Alaska	998	F	1.00	Arkansas	72046	SS	0.86	Arkansas	72134	SS	0.86	
Alaska	999	F	1.00	Arkansas	72047	SS	0.86	Arkansas	72135	BO	0.98	
Arizona	850	C	0.85	Arkansas	72048	SS	0.86	Arkansas	72136	SS	0.86	
Arizona	851	C	0.85	Arkansas	72051	SS	0.86	Arkansas	72137	SS	0.86	
Arizona	852	C	0.85	Arkansas	72052	SS	0.86	Arkansas	72139	SS	0.86	
Arizona	853	C	0.85	Arkansas	72053	BO	0.98	Arkansas	72140	SS	0.86	
Arizona	855	C	0.85	Arkansas	72055	SS	0.86	Arkansas	72141	SS	0.86	
Arizona	856	C	0.85	Arkansas	72057	SS	0.86	Arkansas	72142	BO	0.98	
Arizona	857	C	0.85	Arkansas	72058	SS	0.86	Arkansas	72143	SS	0.86	
Arizona	859	C	0.85	Arkansas	72059	SS	0.86	Arkansas	72145	SS	0.86	
Arizona	860	C	0.85	Arkansas	72060	SS	0.86	Arkansas	72149	SS	0.86	
Arizona	863	C	0.85	Arkansas	72061	SS	0.86	Arkansas	72150	SS	0.86	
Arizona	864	C	0.85	Arkansas	72063	SS	0.86	Arkansas	72152	SS	0.86	
Arizona	865	C	0.85	Arkansas	72064	SS	0.86	Arkansas	72153	SS	0.86	
Arkansas	716	RR	0.82	Arkansas	72065	BO	0.98	Arkansas	72156	SS	0.86	
Arkansas	717	RR	0.82	Arkansas	72066	SS	0.86	Arkansas	72157	SS	0.86	
Arkansas	718	RR	0.82	Arkansas	72067	SS	0.86	Arkansas	72158	SS	0.86	
Arkansas	719	RR	0.82	Arkansas	72068	SS	0.86	Arkansas	72160	SS	0.86	
Arkansas	720	N/A	N/A	Arkansas	72069	SS	0.86	Arkansas	72164	BO	0.98	
Arkansas	721	N/A	N/A	Arkansas	72070	SS	0.86	Arkansas	72165	SS	0.86	
Arkansas	722	BO	0.98	Arkansas	72071	SS	0.86	Arkansas	72166	SS	0.86	
Arkansas	723	RR	0.82	Arkansas	72072	SS	0.86	Arkansas	72167	SS	0.86	
Arkansas	724	RR	0.82	Arkansas	72073	SS	0.86	Arkansas	72168	SS	0.86	
Arkansas	725	RR	0.82	Arkansas	72074	SS	0.86	Arkansas	72169	SS	0.86	
Arkansas	726	RR	0.82	Arkansas	72075	SS	0.86	Arkansas	72170	SS	0.86	
Arkansas	727	RR	0.82	Arkansas	72076	BO	0.98	Arkansas	72173	SS	0.86	
Arkansas	728	RR	0.82	Arkansas	72078	BO	0.98	Arkansas	72175	SS	0.86	
Arkansas	729	RR	0.82	Arkansas	72079	SS	0.86	Arkansas	72176	SS	0.86	
Arkansas	72001	SS	0.86	Arkansas	72080	SS	0.86	Arkansas	72178	SS	0.86	
Arkansas	72002	BO	0.98	Arkansas	72081	SS	0.86	Arkansas	72179	SS	0.86	
Arkansas	72003	SS	0.86	Arkansas	72082	SS	0.86	Arkansas	72180	BO	0.98	
Arkansas	72004	SS	0.86	Arkansas	72083	SS	0.86	Arkansas	72181	SS	0.86	
Arkansas	72005	SS	0.86	Arkansas	72084	SS	0.86	Arkansas	72182	SS	0.86	
Arkansas	72006	SS	0.86	Arkansas	72085	SS	0.86	Arkansas	72183	BO	0.98	
Arkansas	72007	SS	0.86	Arkansas	72086	SS	0.86	Arkansas	72189	SS	0.86	
Arkansas	72010	SS	0.86	Arkansas	72087	SS	0.86	Arkansas	72190	BO	0.98	
Arkansas	72011	SS	0.86	Arkansas	72088	SS	0.86	Arkansas	72198	BO	0.98	
Arkansas	72012	SS	0.86	Arkansas	72089	SS	0.86	Arkansas	72199	BO	0.98	
Arkansas	72013	SS	0.86	Arkansas	72099	BO	0.98	California	900	CE	1.17	
Arkansas	72014	SS	0.86	Arkansas	72101	SS	0.86	California	901	CE	1.17	
Arkansas	72015	SS	0.86	Arkansas	72102	SS	0.86	California	902	CE	1.17	
Arkansas	72016	SS	0.86	Arkansas	72103	BO	0.98	California	903	CE	1.17	
Arkansas	72017	SS	0.86	Arkansas	72104	SS	0.86	California	904	CE	1.17	
Arkansas	72018	SS	0.86	Arkansas	72105	SS	0.86	California	905	CE	1.17	
Arkansas	72019	SS	0.86	Arkansas	72106	SS	0.86	California	906	CE	1.17	
Arkansas	72020	SS	0.86	Arkansas	72107	SS	0.86	California	907	CE	1.17	
Arkansas	72021	SS	0.86	Arkansas	72108	SS	0.86	California	908	CE	1.17	
Arkansas	72022	SS	0.86	Arkansas	72110	SS	0.86	California	909	CE	1.17	
Arkansas	72023	SS	0.86	Arkansas	72111	SS	0.86	California	910	CE	1.17	

NB UMS 2010		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT									
		AREA RATING FACTORS BY STATE AND ZIP CODE									
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
California	911	CE	1.17	Colorado	80422	QQ	0.78	Colorado	80633	QQ	0.78
California	912	CE	1.17	Colorado	80423	QQ	0.78	Colorado	80634	QQ	0.78
California	913	CE	1.17	Colorado	80424	QQ	0.78	Colorado	80638	QQ	0.78
California	914	CE	1.17	Colorado	80425	BF	0.87	Colorado	80639	QQ	0.78
California	915	CE	1.17	Colorado	80426	QQ	0.78	Colorado	80640	BF	0.87
California	916	CE	1.17	Colorado	80427	QQ	0.78	Colorado	80642	QQ	0.78
California	917	CE	1.17	Colorado	80428	QQ	0.78	Colorado	80643	QQ	0.78
California	918	CE	1.17	Colorado	80430	QQ	0.78	Colorado	80644	QQ	0.78
California	919	BP	0.99	Colorado	80432	QQ	0.78	Colorado	80645	QQ	0.78
California	920	BP	0.99	Colorado	80433	BF	0.87	Colorado	80646	QQ	0.78
California	921	BP	0.99	Colorado	80434	QQ	0.78	Colorado	80648	QQ	0.78
California	922	BP	0.99	Colorado	80435	QQ	0.78	Colorado	80649	QQ	0.78
California	923	BP	0.99	Colorado	80436	QQ	0.78	Colorado	80650	QQ	0.78
California	924	BP	0.99	Colorado	80437	BF	0.87	Colorado	80651	QQ	0.78
California	925	BP	0.99	Colorado	80438	QQ	0.78	Colorado	80652	QQ	0.78
California	926	CE	1.17	Colorado	80439	BF	0.87	Colorado	80653	QQ	0.78
California	927	CE	1.17	Colorado	80440	QQ	0.78	Colorado	80654	QQ	0.78
California	928	CE	1.17	Colorado	80442	QQ	0.78	Connecticut	060	D	0.90
California	930	BP	0.99	Colorado	80443	QQ	0.78	Connecticut	061	D	0.90
California	931	BP	0.99	Colorado	80444	QQ	0.78	Connecticut	062	D	0.90
California	932	C	0.85	Colorado	80446	QQ	0.78	Connecticut	063	D	0.90
California	933	C	0.85	Colorado	80447	QQ	0.78	Connecticut	064	D	0.90
California	934	C	0.85	Colorado	80448	QQ	0.78	Connecticut	065	D	0.90
California	935	C	0.85	Colorado	80449	QQ	0.78	Connecticut	066	D	0.90
California	936	C	0.85	Colorado	80451	QQ	0.78	Connecticut	067	D	0.90
California	937	C	0.85	Colorado	80452	QQ	0.78	Connecticut	068	D	0.90
California	938	C	0.85	Colorado	80453	BF	0.87	Connecticut	069	D	0.90
California	939	C	0.85	Colorado	80454	BF	0.87	Delaware	197	E	0.95
California	940	BP	0.99	Colorado	80455	QQ	0.78	Delaware	198	E	0.95
California	941	BP	0.99	Colorado	80456	QQ	0.78	Delaware	199	E	0.95
California	942	BP	0.99	Colorado	80457	BF	0.87	District of Columbia	200	B	0.80
California	943	BP	0.99	Colorado	80459	QQ	0.78	District of Columbia	202	B	0.80
California	944	BP	0.99	Colorado	80461	QQ	0.78	District of Columbia	203	B	0.80
California	945	BP	0.99	Colorado	80463	QQ	0.78	District of Columbia	204	B	0.80
California	946	BP	0.99	Colorado	80465	BF	0.87	District of Columbia	205	B	0.80
California	947	BP	0.99	Colorado	80466	QQ	0.78	Florida	320	BU	1.06
California	948	BP	0.99	Colorado	80467	QQ	0.78	Florida	321	BU	1.06
California	949	BP	0.99	Colorado	80468	QQ	0.78	Florida	322	CD	1.16
California	950	C	0.85	Colorado	80469	QQ	0.78	Florida	323	BU	1.06
California	951	C	0.85	Colorado	80470	BF	0.87	Florida	324	BU	1.06
California	952	C	0.85	Colorado	80471	QQ	0.78	Florida	325	BU	1.06
California	953	C	0.85	Colorado	80473	QQ	0.78	Florida	326	BU	1.06
California	954	C	0.85	Colorado	80474	QQ	0.78	Florida	327	BU	1.06
California	955	C	0.85	Colorado	80475	QQ	0.78	Florida	328	BU	1.06
California	956	C	0.85	Colorado	80476	QQ	0.78	Florida	329	BU	1.06
California	957	C	0.85	Colorado	80477	QQ	0.78	Florida	330	R	1.60
California	958	C	0.85	Colorado	80478	QQ	0.78	Florida	331	R	1.60
California	959	C	0.85	Colorado	80479	QQ	0.78	Florida	332	R	1.60
California	960	C	0.85	Colorado	80480	QQ	0.78	Florida	333	R	1.60
California	961	C	0.85	Colorado	80481	QQ	0.78	Florida	334	N	1.40
Colorado	800	BF	0.87	Colorado	80482	QQ	0.78	Florida	335	CD	1.16
Colorado	801	BF	0.87	Colorado	80483	QQ	0.78	Florida	336	CD	1.16
Colorado	802	BF	0.87	Colorado	80487	QQ	0.78	Florida	337	CD	1.16
Colorado	803	QQ	0.78	Colorado	80488	QQ	0.78	Florida	338	BU	1.06
Colorado	805	QQ	0.78	Colorado	80497	QQ	0.78	Florida	339	BU	1.06
Colorado	807	QQ	0.78	Colorado	80498	QQ	0.78	Florida	340	R	1.60
Colorado	808	QQ	0.78	Colorado	80601	BF	0.87	Florida	341	BU	1.06
Colorado	809	QQ	0.78	Colorado	80602	BF	0.87	Florida	342	BU	1.06
Colorado	810	QQ	0.78	Colorado	80603	BF	0.87	Florida	344	BU	1.06
Colorado	811	QQ	0.78	Colorado	80610	QQ	0.78	Florida	346	CD	1.16
Colorado	812	QQ	0.78	Colorado	80611	QQ	0.78	Florida	347	BU	1.06
Colorado	813	QQ	0.78	Colorado	80612	QQ	0.78	Florida	349	CD	1.16
Colorado	814	QQ	0.78	Colorado	80614	BF	0.87	Georgia	300	BK	0.93
Colorado	815	QQ	0.78	Colorado	80615	QQ	0.78	Georgia	301	BK	0.93
Colorado	816	QQ	0.78	Colorado	80620	QQ	0.78	Georgia	302	BK	0.93
Colorado	80401	BF	0.87	Colorado	80621	QQ	0.78	Georgia	303	BK	0.93
Colorado	80402	BF	0.87	Colorado	80622	QQ	0.78	Georgia	304	C	0.85
Colorado	80403	BF	0.87	Colorado	80623	QQ	0.78	Georgia	305	C	0.85
Colorado	80419	BF	0.87	Colorado	80624	QQ	0.78	Georgia	306	C	0.85
Colorado	80420	QQ	0.78	Colorado	80631	QQ	0.78	Georgia	307	C	0.85
Colorado	80421	QQ	0.78	Colorado	80632	QQ	0.78	Georgia	308	BK	0.93

NB UMS 2010		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT												
			AREA RATING FACTORS BY STATE AND ZIP CODE											
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor			
Georgia	309	BK	0.93	Iowa	500	AT	0.66	Kentucky	426	C	0.85			
Georgia	310	C	0.85	Iowa	501	AT	0.66	Kentucky	427	C	0.85			
Georgia	311	BK	0.93	Iowa	502	AT	0.66	Louisiana	700	BG	0.88			
Georgia	312	C	0.85	Iowa	503	D	0.9	Louisiana	701	BR	1.02			
Georgia	313	BK	0.93	Iowa	504	AT	0.66	Louisiana	703	BG	0.88			
Georgia	314	BK	0.93	Iowa	505	AT	0.66	Louisiana	704	BR	1.02			
Georgia	315	C	0.85	Iowa	506	AT	0.66	Louisiana	705	RR	0.82			
Georgia	316	C	0.85	Iowa	507	AW	0.72	Louisiana	706	RR	0.82			
Georgia	317	C	0.85	Iowa	508	AT	0.66	Louisiana	707	BG	0.88			
Georgia	318	C	0.85	Iowa	509	D	0.9	Louisiana	708	BG	0.88			
Georgia	319	C	0.85	Iowa	510	AW	0.72	Louisiana	710	RR	0.82			
Georgia	398	C	0.85	Iowa	511	AW	0.72	Louisiana	711	RR	0.82			
Georgia	399	BK	0.93	Iowa	512	AT	0.66	Louisiana	712	RR	0.82			
Hawaii	967	D	0.90	Iowa	513	AT	0.66	Louisiana	713	RR	0.82			
Hawaii	968	D	0.90	Iowa	514	AT	0.66	Louisiana	714	RR	0.82			
Idaho	832	W	0.70	Iowa	515	AT	0.66	Maine	039	A	0.75			
Idaho	833	W	0.70	Iowa	516	AW	0.72	Maine	040	A	0.75			
Idaho	834	W	0.70	Iowa	520	AT	0.66	Maine	041	A	0.75			
Idaho	835	W	0.70	Iowa	521	AT	0.66	Maine	042	A	0.75			
Idaho	836	W	0.70	Iowa	522	AT	0.66	Maine	043	A	0.75			
Idaho	837	W	0.70	Iowa	523	AT	0.66	Maine	044	A	0.75			
Idaho	838	W	0.70	Iowa	524	AT	0.66	Maine	045	A	0.75			
Illinois	600	BI	0.91	Iowa	525	AT	0.66	Maine	046	A	0.75			
Illinois	601	BI	0.91	Iowa	526	AW	0.72	Maine	047	A	0.75			
Illinois	602	BI	0.91	Iowa	527	AW	0.72	Maine	048	A	0.75			
Illinois	603	BI	0.91	Iowa	528	D	0.9	Maine	049	A	0.75			
Illinois	604	BI	0.91	Kansas	660	BF	0.87	Maryland	206	BV	1.07			
Illinois	605	BI	0.91	Kansas	661	BM	0.96	Maryland	207	BV	1.07			
Illinois	606	BI	0.91	Kansas	662	BM	0.96	Maryland	208	BV	1.07			
Illinois	607	BI	0.91	Kansas	664	BF	0.87	Maryland	209	BV	1.07			
Illinois	608	BI	0.91	Kansas	665	BF	0.87	Maryland	210	BV	1.07			
Illinois	609	RR	0.82	Kansas	666	BF	0.87	Maryland	211	BV	1.07			
Illinois	610	RR	0.82	Kansas	667	BF	0.87	Maryland	212	BV	1.07			
Illinois	611	RR	0.82	Kansas	668	BF	0.87	Maryland	214	BV	1.07			
Illinois	612	RR	0.82	Kansas	669	BF	0.87	Maryland	215	BV	1.07			
Illinois	613	RR	0.82	Kansas	670	BF	0.87	Maryland	216	BV	1.07			
Illinois	614	RR	0.82	Kansas	671	BF	0.87	Maryland	217	BV	1.07			
Illinois	615	RR	0.82	Kansas	672	BM	0.96	Maryland	218	BV	1.07			
Illinois	616	RR	0.82	Kansas	673	BF	0.87	Maryland	219	BV	1.07			
Illinois	617	RR	0.82	Kansas	674	BF	0.87	Massachusetts	010	E	0.95			
Illinois	618	RR	0.82	Kansas	675	BF	0.87	Massachusetts	011	E	0.95			
Illinois	619	RR	0.82	Kansas	676	BF	0.87	Massachusetts	012	E	0.95			
Illinois	620	RR	0.82	Kansas	677	BF	0.87	Massachusetts	013	E	0.95			
Illinois	622	RR	0.82	Kansas	678	BF	0.87	Massachusetts	014	E	0.95			
Illinois	623	RR	0.82	Kansas	679	BF	0.87	Massachusetts	015	E	0.95			
Illinois	624	RR	0.82	Kentucky	400	A	0.75	Massachusetts	016	E	0.95			
Illinois	625	RR	0.82	Kentucky	401	A	0.75	Massachusetts	017	E	0.95			
Illinois	626	RR	0.82	Kentucky	402	A	0.75	Massachusetts	018	E	0.95			
Illinois	627	RR	0.82	Kentucky	403	A	0.75	Massachusetts	019	E	0.95			
Illinois	628	RR	0.82	Kentucky	404	A	0.75	Massachusetts	020	E	0.95			
Illinois	629	RR	0.82	Kentucky	405	A	0.75	Massachusetts	021	E	0.95			
Indiana	460	AU	0.68	Kentucky	406	A	0.75	Massachusetts	022	E	0.95			
Indiana	461	AU	0.68	Kentucky	407	C	0.85	Massachusetts	023	E	0.95			
Indiana	462	BA	0.79	Kentucky	408	C	0.85	Massachusetts	024	E	0.95			
Indiana	463	BA	0.79	Kentucky	409	C	0.85	Massachusetts	025	E	0.95			
Indiana	464	BA	0.79	Kentucky	410	B	0.8	Massachusetts	026	E	0.95			
Indiana	465	AU	0.68	Kentucky	411	B	0.8	Massachusetts	027	E	0.95			
Indiana	466	AU	0.68	Kentucky	412	A	0.75	Massachusetts	055	E	0.95			
Indiana	467	AU	0.68	Kentucky	413	A	0.75	Michigan	480	I	1.15			
Indiana	468	AU	0.68	Kentucky	414	A	0.75	Michigan	481	I	1.15			
Indiana	469	AU	0.68	Kentucky	415	A	0.75	Michigan	482	I	1.15			
Indiana	470	AU	0.68	Kentucky	416	C	0.85	Michigan	483	I	1.15			
Indiana	471	AU	0.68	Kentucky	417	C	0.85	Michigan	484	I	1.15			
Indiana	472	AU	0.68	Kentucky	418	C	0.85	Michigan	485	I	1.15			
Indiana	473	AU	0.68	Kentucky	419	A	0.75	Michigan	486	E	0.95			
Indiana	474	AU	0.68	Kentucky	420	A	0.75	Michigan	487	E	0.95			
Indiana	475	AU	0.68	Kentucky	421	A	0.75	Michigan	488	E	0.95			
Indiana	476	AU	0.68	Kentucky	422	A	0.75	Michigan	489	E	0.95			
Indiana	477	AU	0.68	Kentucky	423	A	0.75	Michigan	490	BF	0.87			
Indiana	478	AU	0.68	Kentucky	424	A	0.75	Michigan	491	BF	0.87			
Indiana	479	AU	0.68	Kentucky	425	C	0.85	Michigan	492	E	0.95			

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State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor			
Michigan	493	BF	0.87	Minnesota	55068	BF	0.87	Minnesota	55188	BL	0.94			
Michigan	494	BF	0.87	Minnesota	55069	BC	0.81	Minnesota	55190	BL	0.94			
Michigan	495	BF	0.87	Minnesota	55070	BL	0.94	Minnesota	55191	BL	0.94			
Michigan	496	BF	0.87	Minnesota	55071	BF	0.87	Minnesota	55199	BL	0.94			
Michigan	497	BF	0.87	Minnesota	55072	BC	0.81	Minnesota	55301	BC	0.81			
Michigan	498	BF	0.87	Minnesota	55073	BF	0.87	Minnesota	55302	BC	0.81			
Michigan	499	BF	0.87	Minnesota	55074	BC	0.81	Minnesota	55303	BL	0.94			
Minnesota	556	BC	0.81	Minnesota	55075	BF	0.87	Minnesota	55304	BL	0.94			
Minnesota	557	BC	0.81	Minnesota	55076	BF	0.87	Minnesota	55305	BL	0.94			
Minnesota	558	BC	0.81	Minnesota	55077	BF	0.87	Minnesota	55306	BF	0.87			
Minnesota	559	BC	0.81	Minnesota	55078	BC	0.81	Minnesota	55307	BC	0.81			
Minnesota	560	BC	0.81	Minnesota	55079	BC	0.81	Minnesota	55308	BC	0.81			
Minnesota	561	BC	0.81	Minnesota	55080	BC	0.81	Minnesota	55309	BC	0.81			
Minnesota	562	BC	0.81	Minnesota	55082	BF	0.87	Minnesota	55310	BC	0.81			
Minnesota	563	BC	0.81	Minnesota	55083	BF	0.87	Minnesota	55311	BL	0.94			
Minnesota	564	BC	0.81	Minnesota	55084	BC	0.81	Minnesota	55312	BC	0.81			
Minnesota	565	BC	0.81	Minnesota	55085	BF	0.87	Minnesota	55313	BC	0.81			
Minnesota	566	BC	0.81	Minnesota	55087	BC	0.81	Minnesota	55314	BC	0.81			
Minnesota	567	BC	0.81	Minnesota	55088	BC	0.81	Minnesota	55315	BF	0.87			
Minnesota	55001	BF	0.87	Minnesota	55089	BC	0.81	Minnesota	55316	BL	0.94			
Minnesota	55002	BC	0.81	Minnesota	55090	BF	0.87	Minnesota	55317	BF	0.87			
Minnesota	55003	BF	0.87	Minnesota	55092	BC	0.81	Minnesota	55318	BF	0.87			
Minnesota	55005	BL	0.94	Minnesota	55101	BL	0.94	Minnesota	55319	BC	0.81			
Minnesota	55006	BC	0.81	Minnesota	55102	BL	0.94	Minnesota	55320	BC	0.81			
Minnesota	55007	BC	0.81	Minnesota	55103	BL	0.94	Minnesota	55321	BC	0.81			
Minnesota	55008	BC	0.81	Minnesota	55104	BL	0.94	Minnesota	55322	BF	0.87			
Minnesota	55009	BC	0.81	Minnesota	55105	BL	0.94	Minnesota	55323	BL	0.94			
Minnesota	55010	BF	0.87	Minnesota	55106	BL	0.94	Minnesota	55324	BC	0.81			
Minnesota	55011	BL	0.94	Minnesota	55107	BL	0.94	Minnesota	55325	BC	0.81			
Minnesota	55012	BC	0.81	Minnesota	55108	BL	0.94	Minnesota	55327	BL	0.94			
Minnesota	55013	BC	0.81	Minnesota	55109	BL	0.94	Minnesota	55328	BC	0.81			
Minnesota	55014	BL	0.94	Minnesota	55110	BL	0.94	Minnesota	55329	BC	0.81			
Minnesota	55016	BF	0.87	Minnesota	55111	BL	0.94	Minnesota	55330	BC	0.81			
Minnesota	55017	BC	0.81	Minnesota	55112	BL	0.94	Minnesota	55331	BL	0.94			
Minnesota	55018	BC	0.81	Minnesota	55113	BL	0.94	Minnesota	55332	BC	0.81			
Minnesota	55019	BC	0.81	Minnesota	55114	BL	0.94	Minnesota	55333	BC	0.81			
Minnesota	55020	BF	0.87	Minnesota	55115	BL	0.94	Minnesota	55334	BC	0.81			
Minnesota	55021	BC	0.81	Minnesota	55116	BL	0.94	Minnesota	55335	BC	0.81			
Minnesota	55024	BF	0.87	Minnesota	55117	BL	0.94	Minnesota	55336	BC	0.81			
Minnesota	55025	BF	0.87	Minnesota	55118	BF	0.87	Minnesota	55337	BF	0.87			
Minnesota	55026	BC	0.81	Minnesota	55119	BL	0.94	Minnesota	55338	BC	0.81			
Minnesota	55027	BC	0.81	Minnesota	55120	BF	0.87	Minnesota	55339	BF	0.87			
Minnesota	55029	BC	0.81	Minnesota	55121	BF	0.87	Minnesota	55340	BL	0.94			
Minnesota	55030	BC	0.81	Minnesota	55122	BF	0.87	Minnesota	55341	BC	0.81			
Minnesota	55031	BF	0.87	Minnesota	55123	BF	0.87	Minnesota	55342	BC	0.81			
Minnesota	55032	BC	0.81	Minnesota	55124	BF	0.87	Minnesota	55343	BL	0.94			
Minnesota	55033	BF	0.87	Minnesota	55125	BF	0.87	Minnesota	55344	BL	0.94			
Minnesota	55036	BC	0.81	Minnesota	55126	BL	0.94	Minnesota	55345	BL	0.94			
Minnesota	55037	BC	0.81	Minnesota	55127	BL	0.94	Minnesota	55346	BL	0.94			
Minnesota	55038	BF	0.87	Minnesota	55128	BF	0.87	Minnesota	55347	BL	0.94			
Minnesota	55040	BC	0.81	Minnesota	55129	BF	0.87	Minnesota	55348	BL	0.94			
Minnesota	55041	BC	0.81	Minnesota	55130	BL	0.94	Minnesota	55349	BC	0.81			
Minnesota	55042	BF	0.87	Minnesota	55133	BL	0.94	Minnesota	55350	BC	0.81			
Minnesota	55043	BF	0.87	Minnesota	55144	BL	0.94	Minnesota	55352	BF	0.87			
Minnesota	55044	BF	0.87	Minnesota	55145	BL	0.94	Minnesota	55353	BC	0.81			
Minnesota	55045	BC	0.81	Minnesota	55146	BL	0.94	Minnesota	55354	BC	0.81			
Minnesota	55046	BC	0.81	Minnesota	55150	BF	0.87	Minnesota	55355	BC	0.81			
Minnesota	55047	BF	0.87	Minnesota	55155	BL	0.94	Minnesota	55356	BL	0.94			
Minnesota	55049	BC	0.81	Minnesota	55161	BL	0.94	Minnesota	55357	BL	0.94			
Minnesota	55051	BC	0.81	Minnesota	55164	BL	0.94	Minnesota	55358	BC	0.81			
Minnesota	55052	BC	0.81	Minnesota	55165	BL	0.94	Minnesota	55359	BL	0.94			
Minnesota	55053	BC	0.81	Minnesota	55166	BL	0.94	Minnesota	55360	BF	0.87			
Minnesota	55054	BF	0.87	Minnesota	55168	BL	0.94	Minnesota	55361	BL	0.94			
Minnesota	55055	BF	0.87	Minnesota	55169	BL	0.94	Minnesota	55362	BC	0.81			
Minnesota	55056	BC	0.81	Minnesota	55170	BL	0.94	Minnesota	55363	BC	0.81			
Minnesota	55057	BC	0.81	Minnesota	55171	BL	0.94	Minnesota	55364	BL	0.94			
Minnesota	55060	BC	0.81	Minnesota	55172	BL	0.94	Minnesota	55365	BC	0.81			
Minnesota	55063	BC	0.81	Minnesota	55175	BL	0.94	Minnesota	55366	BC	0.81			
Minnesota	55065	BF	0.87	Minnesota	55177	BL	0.94	Minnesota	55367	BF	0.87			
Minnesota	55066	BC	0.81	Minnesota	55182	BL	0.94	Minnesota	55368	BF	0.87			
Minnesota	55067	BC	0.81	Minnesota	55187	BL	0.94	Minnesota	55369	BL	0.94			

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AREA RATING FACTORS BY STATE AND ZIP CODE												
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	
Minnesota	55370	BC	0.81	Minnesota	55441	BL	0.94	Montana	593	A	0.75	
Minnesota	55371	BC	0.81	Minnesota	55442	BL	0.94	Montana	594	A	0.75	
Minnesota	55372	BF	0.87	Minnesota	55443	BL	0.94	Montana	595	A	0.75	
Minnesota	55373	BC	0.81	Minnesota	55444	BL	0.94	Montana	596	A	0.75	
Minnesota	55374	BL	0.94	Minnesota	55445	BL	0.94	Montana	597	A	0.75	
Minnesota	55375	BL	0.94	Minnesota	55446	BL	0.94	Montana	598	A	0.75	
Minnesota	55376	BC	0.81	Minnesota	55447	BL	0.94	Montana	599	A	0.75	
Minnesota	55377	BC	0.81	Minnesota	55448	BL	0.94	Nebraska	680	N/A	N/A	
Minnesota	55378	BF	0.87	Minnesota	55449	BL	0.94	Nebraska	681	RR	0.82	
Minnesota	55379	BF	0.87	Minnesota	55450	BL	0.94	Nebraska	683	AV	0.69	
Minnesota	55380	BC	0.81	Minnesota	55454	BL	0.94	Nebraska	684	AV	0.69	
Minnesota	55381	BC	0.81	Minnesota	55455	BL	0.94	Nebraska	685	AY	0.76	
Minnesota	55382	BC	0.81	Minnesota	55458	BL	0.94	Nebraska	686	AV	0.69	
Minnesota	55383	BF	0.87	Minnesota	55459	BL	0.94	Nebraska	687	AV	0.69	
Minnesota	55384	BL	0.94	Minnesota	55460	BL	0.94	Nebraska	688	AV	0.69	
Minnesota	55385	BC	0.81	Minnesota	55467	BL	0.94	Nebraska	689	AV	0.69	
Minnesota	55386	BF	0.87	Minnesota	55468	BL	0.94	Nebraska	690	AV	0.69	
Minnesota	55387	BF	0.87	Minnesota	55470	BL	0.94	Nebraska	691	AV	0.69	
Minnesota	55388	BF	0.87	Minnesota	55472	BL	0.94	Nebraska	692	AV	0.69	
Minnesota	55389	BC	0.81	Minnesota	55473	BF	0.87	Nebraska	693	AV	0.69	
Minnesota	55390	BC	0.81	Minnesota	55474	BL	0.94	Nebraska	68001	AY	0.76	
Minnesota	55391	BL	0.94	Minnesota	55478	BL	0.94	Nebraska	68002	AY	0.76	
Minnesota	55392	BL	0.94	Minnesota	55479	BL	0.94	Nebraska	68003	AY	0.76	
Minnesota	55393	BC	0.81	Minnesota	55480	BL	0.94	Nebraska	68004	AY	0.76	
Minnesota	55394	BF	0.87	Minnesota	55483	BL	0.94	Nebraska	68005	RR	0.82	
Minnesota	55395	BC	0.81	Minnesota	55484	BL	0.94	Nebraska	68007	RR	0.82	
Minnesota	55396	BC	0.81	Minnesota	55485	BL	0.94	Nebraska	68008	AY	0.76	
Minnesota	55397	BF	0.87	Minnesota	55486	BL	0.94	Nebraska	68009	AY	0.76	
Minnesota	55398	BC	0.81	Minnesota	55487	BL	0.94	Nebraska	68010	RR	0.82	
Minnesota	55399	BF	0.87	Minnesota	55488	BL	0.94	Nebraska	68014	AY	0.76	
Minnesota	55400	BL	0.94	Mississippi	386	A	0.75	Nebraska	68015	AY	0.76	
Minnesota	55401	BL	0.94	Mississippi	387	A	0.75	Nebraska	68016	AY	0.76	
Minnesota	55402	BL	0.94	Mississippi	388	A	0.75	Nebraska	68017	AY	0.76	
Minnesota	55403	BL	0.94	Mississippi	389	A	0.75	Nebraska	68018	AY	0.76	
Minnesota	55404	BL	0.94	Mississippi	390	A	0.75	Nebraska	68019	AY	0.76	
Minnesota	55405	BL	0.94	Mississippi	391	A	0.75	Nebraska	68020	AY	0.76	
Minnesota	55406	BL	0.94	Mississippi	392	A	0.75	Nebraska	68022	RR	0.82	
Minnesota	55407	BL	0.94	Mississippi	393	A	0.75	Nebraska	68023	AY	0.76	
Minnesota	55408	BL	0.94	Mississippi	394	C	0.85	Nebraska	68025	AY	0.76	
Minnesota	55409	BL	0.94	Mississippi	395	C	0.85	Nebraska	68026	AY	0.76	
Minnesota	55410	BL	0.94	Mississippi	396	A	0.75	Nebraska	68028	RR	0.82	
Minnesota	55411	BL	0.94	Mississippi	397	A	0.75	Nebraska	68029	AY	0.76	
Minnesota	55412	BL	0.94	Missouri	630	QQ	0.78	Nebraska	68030	AY	0.76	
Minnesota	55413	BL	0.94	Missouri	631	QQ	0.78	Nebraska	68031	AY	0.76	
Minnesota	55414	BL	0.94	Missouri	633	QQ	0.78	Nebraska	68033	AY	0.76	
Minnesota	55415	BL	0.94	Missouri	634	AU	0.68	Nebraska	68034	AY	0.76	
Minnesota	55416	BL	0.94	Missouri	635	AU	0.68	Nebraska	68035	RR	0.82	
Minnesota	55417	BL	0.94	Missouri	636	AU	0.68	Nebraska	68036	AY	0.76	
Minnesota	55418	BL	0.94	Missouri	637	AU	0.68	Nebraska	68037	AY	0.76	
Minnesota	55419	BL	0.94	Missouri	638	AU	0.68	Nebraska	68038	AY	0.76	
Minnesota	55420	BL	0.94	Missouri	639	AU	0.68	Nebraska	68039	AY	0.76	
Minnesota	55421	BL	0.94	Missouri	640	QQ	0.78	Nebraska	68040	AY	0.76	
Minnesota	55422	BL	0.94	Missouri	641	QQ	0.78	Nebraska	68041	AY	0.76	
Minnesota	55423	BL	0.94	Missouri	644	AU	0.68	Nebraska	68042	AY	0.76	
Minnesota	55424	BL	0.94	Missouri	645	AU	0.68	Nebraska	68044	AY	0.76	
Minnesota	55425	BL	0.94	Missouri	646	AU	0.68	Nebraska	68045	AY	0.76	
Minnesota	55426	BL	0.94	Missouri	647	AU	0.68	Nebraska	68046	RR	0.82	
Minnesota	55427	BL	0.94	Missouri	648	AU	0.68	Nebraska	68047	AY	0.76	
Minnesota	55428	BL	0.94	Missouri	649	AU	0.68	Nebraska	68048	AY	0.76	
Minnesota	55429	BL	0.94	Missouri	650	AU	0.68	Nebraska	68050	AY	0.76	
Minnesota	55430	BL	0.94	Missouri	651	AU	0.68	Nebraska	68054	RR	0.82	
Minnesota	55431	BL	0.94	Missouri	652	AU	0.68	Nebraska	68055	AY	0.76	
Minnesota	55432	BL	0.94	Missouri	653	AU	0.68	Nebraska	68056	RR	0.82	
Minnesota	55433	BL	0.94	Missouri	654	AU	0.68	Nebraska	68057	AY	0.76	
Minnesota	55434	BL	0.94	Missouri	655	AU	0.68	Nebraska	68058	AY	0.76	
Minnesota	55435	BL	0.94	Missouri	656	AU	0.68	Nebraska	68059	RR	0.82	
Minnesota	55436	BL	0.94	Missouri	657	AU	0.68	Nebraska	68061	AY	0.76	
Minnesota	55437	BL	0.94	Missouri	658	AU	0.68	Nebraska	68062	AY	0.76	
Minnesota	55438	BL	0.94	Montana	590	A	0.75	Nebraska	68063	AY	0.76	
Minnesota	55439	BL	0.94	Montana	591	A	0.75	Nebraska	68064	RR	0.82	
Minnesota	55440	BL	0.94	Montana	592	A	0.75	Nebraska	68065	AY	0.76	

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State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Nebraska	68066	AY	0.76	Nevada	89077	BU	1.06	New York	121	BJ	0.92
Nebraska	68067	AY	0.76	Nevada	89081	BU	1.06	New York	122	BJ	0.92
Nebraska	68068	AY	0.76	Nevada	89084	BU	1.06	New York	123	BJ	0.92
Nebraska	68069	RR	0.82	Nevada	89085	BU	1.06	New York	124	BJ	0.92
Nebraska	68070	AY	0.76	Nevada	89086	BU	1.06	New York	125	BJ	0.92
Nebraska	68071	AY	0.76	Nevada	89087	BU	1.06	New York	126	BJ	0.92
Nebraska	68072	AY	0.76	New Hampshire	002	W	0.70	New York	127	BJ	0.92
Nebraska	68073	AY	0.76	New Hampshire	030	W	0.70	New York	128	BF	0.87
Nevada	889	BU	1.06	New Hampshire	031	W	0.70	New York	129	BF	0.87
Nevada	891	BU	1.06	New Hampshire	032	W	0.70	New York	130	BF	0.87
Nevada	893	SS	0.86	New Hampshire	033	W	0.70	New York	131	BF	0.87
Nevada	894	SS	0.86	New Hampshire	034	W	0.70	New York	132	BF	0.87
Nevada	895	SS	0.86	New Hampshire	035	W	0.70	New York	133	BF	0.87
Nevada	897	SS	0.86	New Hampshire	036	W	0.70	New York	134	BF	0.87
Nevada	898	SS	0.86	New Hampshire	037	W	0.70	New York	135	BF	0.87
Nevada	89001	SS	0.86	New Hampshire	038	W	0.70	New York	136	BF	0.87
Nevada	89002	BU	1.06	New Jersey	070	E	0.95	New York	137	BF	0.87
Nevada	89003	SS	0.86	New Jersey	071	E	0.95	New York	138	BF	0.87
Nevada	89004	SS	0.86	New Jersey	072	E	0.95	New York	139	BF	0.87
Nevada	89005	SS	0.86	New Jersey	073	E	0.95	New York	140	BJ	0.92
Nevada	89006	SS	0.86	New Jersey	074	E	0.95	New York	141	BJ	0.92
Nevada	89007	SS	0.86	New Jersey	075	E	0.95	New York	142	BJ	0.92
Nevada	89008	SS	0.86	New Jersey	076	E	0.95	New York	143	BJ	0.92
Nevada	89009	BU	1.06	New Jersey	077	E	0.95	New York	144	BF	0.87
Nevada	89010	SS	0.86	New Jersey	078	E	0.95	New York	145	BF	0.87
Nevada	89011	BU	1.06	New Jersey	079	E	0.95	New York	146	BF	0.87
Nevada	89012	BU	1.06	New Jersey	080	E	0.95	New York	147	BF	0.87
Nevada	89013	SS	0.86	New Jersey	081	E	0.95	New York	148	BF	0.87
Nevada	89014	BU	1.06	New Jersey	082	E	0.95	New York	149	BF	0.87
Nevada	89015	BU	1.06	New Jersey	083	E	0.95	New York	10901	CD	1.16
Nevada	89016	BU	1.06	New Jersey	084	E	0.95	New York	10910	BJ	0.92
Nevada	89017	SS	0.86	New Jersey	085	E	0.95	New York	10911	CD	1.16
Nevada	89018	SS	0.86	New Jersey	086	E	0.95	New York	10912	BJ	0.92
Nevada	89019	SS	0.86	New Jersey	087	E	0.95	New York	10913	CD	1.16
Nevada	89020	SS	0.86	New Jersey	088	E	0.95	New York	10914	BJ	0.92
Nevada	89021	SS	0.86	New Jersey	089	E	0.95	New York	10915	BJ	0.92
Nevada	89022	SS	0.86	New Mexico	870	AY	0.76	New York	10916	BJ	0.92
Nevada	89023	SS	0.86	New Mexico	871	BL	0.94	New York	10917	BJ	0.92
Nevada	89024	SS	0.86	New Mexico	872	BL	0.94	New York	10918	BJ	0.92
Nevada	89025	SS	0.86	New Mexico	873	AY	0.76	New York	10919	BJ	0.92
Nevada	89026	SS	0.86	New Mexico	874	AY	0.76	New York	10920	CD	1.16
Nevada	89027	SS	0.86	New Mexico	875	AY	0.76	New York	10921	BJ	0.92
Nevada	89028	SS	0.86	New Mexico	877	AY	0.76	New York	10922	BJ	0.92
Nevada	89029	SS	0.86	New Mexico	878	AY	0.76	New York	10923	CD	1.16
Nevada	89030	BU	1.06	New Mexico	879	AY	0.76	New York	10924	BJ	0.92
Nevada	89031	BU	1.06	New Mexico	880	AY	0.76	New York	10925	BJ	0.92
Nevada	89032	BU	1.06	New Mexico	881	AY	0.76	New York	10926	BJ	0.92
Nevada	89033	BU	1.06	New Mexico	882	AY	0.76	New York	10927	CD	1.16
Nevada	89034	SS	0.86	New Mexico	883	AY	0.76	New York	10928	BJ	0.92
Nevada	89036	BU	1.06	New Mexico	884	AY	0.76	New York	10930	BJ	0.92
Nevada	89037	SS	0.86	New York	005	CD	1.16	New York	10931	CD	1.16
Nevada	89039	SS	0.86	New York	100	CD	1.16	New York	10932	BJ	0.92
Nevada	89040	SS	0.86	New York	101	CD	1.16	New York	10933	BJ	0.92
Nevada	89041	SS	0.86	New York	102	CD	1.16	New York	10940	BJ	0.92
Nevada	89042	SS	0.86	New York	103	CD	1.16	New York	10941	BJ	0.92
Nevada	89043	SS	0.86	New York	104	CD	1.16	New York	10943	BJ	0.92
Nevada	89044	BU	1.06	New York	105	CD	1.16	New York	10949	BJ	0.92
Nevada	89045	SS	0.86	New York	106	CD	1.16	New York	10950	BJ	0.92
Nevada	89046	SS	0.86	New York	107	CD	1.16	New York	10951	CD	1.16
Nevada	89047	SS	0.86	New York	108	CD	1.16	New York	10952	CD	1.16
Nevada	89048	SS	0.86	New York	110	CD	1.16	New York	10953	BJ	0.92
Nevada	89049	SS	0.86	New York	111	CD	1.16	New York	10954	CD	1.16
Nevada	89050	SS	0.86	New York	112	CD	1.16	New York	10956	CD	1.16
Nevada	89052	BU	1.06	New York	113	CD	1.16	New York	10958	BJ	0.92
Nevada	89053	BU	1.06	New York	114	CD	1.16	New York	10959	BJ	0.92
Nevada	89054	BU	1.06	New York	115	CD	1.16	New York	10960	CD	1.16
Nevada	89060	SS	0.86	New York	116	CD	1.16	New York	10962	CD	1.16
Nevada	89061	SS	0.86	New York	117	CD	1.16	New York	10963	BJ	0.92
Nevada	89067	SS	0.86	New York	118	CD	1.16	New York	10964	CD	1.16
Nevada	89070	SS	0.86	New York	119	CD	1.16	New York	10965	CD	1.16
Nevada	89074	BU	1.06	New York	120	BJ	0.92	New York	10968	CD	1.16

NB UMS 2010		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT												
			AREA RATING FACTORS BY STATE AND ZIP CODE											
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor			
New York	10969	BJ	0.92	Ohio	446	C	0.85	Pennsylvania	176	C	0.85			
New York	10970	CD	1.16	Ohio	447	C	0.85	Pennsylvania	177	C	0.85			
New York	10973	BJ	0.92	Ohio	448	C	0.85	Pennsylvania	178	C	0.85			
New York	10974	CD	1.16	Ohio	449	C	0.85	Pennsylvania	179	C	0.85			
New York	10975	BJ	0.92	Ohio	450	D	0.90	Pennsylvania	180	C	0.85			
New York	10976	CD	1.16	Ohio	451	D	0.90	Pennsylvania	181	C	0.85			
New York	10977	CD	1.16	Ohio	452	D	0.90	Pennsylvania	182	C	0.85			
New York	10979	BJ	0.92	Ohio	453	D	0.90	Pennsylvania	183	C	0.85			
New York	10980	CD	1.16	Ohio	454	D	0.90	Pennsylvania	184	C	0.85			
New York	10981	BJ	0.92	Ohio	455	C	0.85	Pennsylvania	185	C	0.85			
New York	10982	CD	1.16	Ohio	456	C	0.85	Pennsylvania	186	C	0.85			
New York	10983	CD	1.16	Ohio	457	C	0.85	Pennsylvania	187	C	0.85			
New York	10984	CD	1.16	Ohio	458	C	0.85	Pennsylvania	188	C	0.85			
New York	10985	BJ	0.92	Ohio	459	D	0.90	Pennsylvania	189	CA	1.13			
New York	10986	CD	1.16	Oklahoma	730	PP	0.74	Pennsylvania	190	CA	1.13			
New York	10987	BJ	0.92	Oklahoma	731	PP	0.74	Pennsylvania	191	CA	1.13			
New York	10988	BJ	0.92	Oklahoma	732	PP	0.74	Pennsylvania	192	CA	1.13			
New York	10989	CD	1.16	Oklahoma	733	PP	0.74	Pennsylvania	193	CA	1.13			
New York	10990	BJ	0.92	Oklahoma	734	SS	0.86	Pennsylvania	194	CA	1.13			
New York	10992	BJ	0.92	Oklahoma	735	PP	0.74	Pennsylvania	195	C	0.85			
New York	10993	CD	1.16	Oklahoma	736	PP	0.74	Pennsylvania	196	C	0.85			
New York	10994	CD	1.16	Oklahoma	737	PP	0.74	Puerto Rico	006	W	0.70			
New York	10995	CD	1.16	Oklahoma	738	PP	0.74	Puerto Rico	007	W	0.70			
New York	10996	BJ	0.92	Oklahoma	739	PP	0.74	Puerto Rico	009	W	0.70			
New York	10997	BJ	0.92	Oklahoma	740	PP	0.74	Rhode Island	028	B	0.80			
New York	10998	BJ	0.92	Oklahoma	741	PP	0.74	Rhode Island	029	B	0.80			
North Carolina	270	A	0.75	Oklahoma	742	PP	0.74	South Carolina	290	AW	0.72			
North Carolina	271	A	0.75	Oklahoma	743	PP	0.74	South Carolina	291	AW	0.72			
North Carolina	272	A	0.75	Oklahoma	744	PP	0.74	South Carolina	292	AW	0.72			
North Carolina	273	A	0.75	Oklahoma	745	SS	0.86	South Carolina	293	AW	0.72			
North Carolina	274	A	0.75	Oklahoma	746	PP	0.74	South Carolina	294	BA	0.79			
North Carolina	275	A	0.75	Oklahoma	747	SS	0.86	South Carolina	295	BA	0.79			
North Carolina	276	A	0.75	Oklahoma	748	PP	0.74	South Carolina	296	AW	0.72			
North Carolina	277	A	0.75	Oklahoma	749	PP	0.74	South Carolina	297	AW	0.72			
North Carolina	278	A	0.75	Oregon	970	A	0.75	South Carolina	298	BA	0.79			
North Carolina	279	A	0.75	Oregon	971	A	0.75	South Carolina	299	BA	0.79			
North Carolina	280	A	0.75	Oregon	972	A	0.75	South Dakota	570	AU	0.68			
North Carolina	281	A	0.75	Oregon	973	AW	0.72	South Dakota	571	AU	0.68			
North Carolina	282	A	0.75	Oregon	974	AW	0.72	South Dakota	572	AU	0.68			
North Carolina	283	A	0.75	Oregon	975	AW	0.72	South Dakota	573	AU	0.68			
North Carolina	284	A	0.75	Oregon	976	AW	0.72	South Dakota	574	AU	0.68			
North Carolina	285	A	0.75	Oregon	977	AW	0.72	South Dakota	575	AU	0.68			
North Carolina	286	A	0.75	Oregon	978	AW	0.72	South Dakota	576	AU	0.68			
North Carolina	287	A	0.75	Oregon	979	AW	0.72	South Dakota	577	AU	0.68			
North Carolina	288	A	0.75	Panama	000	F	1.00	Tennessee	370	BE	0.84			
North Carolina	289	A	0.75	Pennsylvania	150	BO	0.98	Tennessee	371	BE	0.84			
North Dakota	580	C	0.85	Pennsylvania	151	BO	0.98	Tennessee	372	BE	0.84			
North Dakota	581	C	0.85	Pennsylvania	152	BO	0.98	Tennessee	373	BE	0.84			
North Dakota	582	C	0.85	Pennsylvania	153	BO	0.98	Tennessee	374	BE	0.84			
North Dakota	583	C	0.85	Pennsylvania	154	BO	0.98	Tennessee	375	BE	0.84			
North Dakota	584	C	0.85	Pennsylvania	155	C	0.85	Tennessee	376	BE	0.84			
North Dakota	585	C	0.85	Pennsylvania	156	BO	0.98	Tennessee	377	BE	0.84			
North Dakota	586	C	0.85	Pennsylvania	157	C	0.85	Tennessee	378	BE	0.84			
North Dakota	587	C	0.85	Pennsylvania	158	C	0.85	Tennessee	379	BE	0.84			
North Dakota	588	C	0.85	Pennsylvania	159	C	0.85	Tennessee	380	BE	0.84			
Ohio	430	C	0.85	Pennsylvania	160	C	0.85	Tennessee	381	BE	0.84			
Ohio	431	C	0.85	Pennsylvania	161	C	0.85	Tennessee	382	BE	0.84			
Ohio	432	C	0.85	Pennsylvania	162	C	0.85	Tennessee	383	BE	0.84			
Ohio	433	C	0.85	Pennsylvania	163	C	0.85	Tennessee	384	BE	0.84			
Ohio	434	C	0.85	Pennsylvania	164	C	0.85	Tennessee	385	BE	0.84			
Ohio	435	C	0.85	Pennsylvania	165	C	0.85	Texas	733	BR	1.02			
Ohio	436	BT	1.04	Pennsylvania	166	C	0.85	Texas	750	BR	1.02			
Ohio	437	C	0.85	Pennsylvania	167	C	0.85	Texas	751	BR	1.02			
Ohio	438	C	0.85	Pennsylvania	168	C	0.85	Texas	752	BR	1.02			
Ohio	439	C	0.85	Pennsylvania	169	C	0.85	Texas	753	BR	1.02			
Ohio	440	BT	1.04	Pennsylvania	170	C	0.85	Texas	754	D	0.90			
Ohio	441	BT	1.04	Pennsylvania	171	C	0.85	Texas	755	D	0.90			
Ohio	442	BT	1.04	Pennsylvania	172	C	0.85	Texas	756	D	0.90			
Ohio	443	BT	1.04	Pennsylvania	173	C	0.85	Texas	757	D	0.90			
Ohio	444	BT	1.04	Pennsylvania	174	C	0.85	Texas	758	D	0.90			
Ohio	445	BT	1.04	Pennsylvania	175	C	0.85	Texas	759	D	0.90			

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			AREA RATING FACTORS BY STATE AND ZIP CODE									
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	
Texas	760	BR	1.02	Virginia	236	C	0.85	Virginia	22448	C	0.85	
Texas	761	BR	1.02	Virginia	237	C	0.85	Virginia	22451	C	0.85	
Texas	762	D	0.90	Virginia	238	AU	0.68	Virginia	22454	C	0.85	
Texas	763	D	0.90	Virginia	239	AU	0.68	Virginia	22456	C	0.85	
Texas	764	D	0.90	Virginia	240	AU	0.68	Virginia	22460	C	0.85	
Texas	765	D	0.90	Virginia	241	AU	0.68	Virginia	22463	AU	0.68	
Texas	766	D	0.90	Virginia	242	AU	0.68	Virginia	22469	C	0.85	
Texas	767	D	0.90	Virginia	243	AU	0.68	Virginia	22471	AU	0.68	
Texas	768	D	0.90	Virginia	244	AU	0.68	Virginia	22472	C	0.85	
Texas	769	D	0.90	Virginia	245	AU	0.68	Virginia	22473	C	0.85	
Texas	770	CD	1.16	Virginia	246	AU	0.68	Virginia	22476	C	0.85	
Texas	771	CD	1.16	Virginia	22101	C	0.85	Virginia	22480	C	0.85	
Texas	772	CD	1.16	Virginia	22102	C	0.85	Virginia	22481	C	0.85	
Texas	773	CD	1.16	Virginia	22103	C	0.85	Virginia	22482	C	0.85	
Texas	774	BR	1.02	Virginia	22106	C	0.85	Virginia	22485	C	0.85	
Texas	775	CD	1.16	Virginia	22107	C	0.85	Virginia	22488	C	0.85	
Texas	776	BR	1.02	Virginia	22108	C	0.85	Virginia	22501	AU	0.68	
Texas	777	BR	1.02	Virginia	22109	C	0.85	Virginia	22503	C	0.85	
Texas	778	D	0.90	Virginia	22116	C	0.85	Virginia	22504	C	0.85	
Texas	779	D	0.90	Virginia	22118	C	0.85	Virginia	22507	C	0.85	
Texas	780	D	0.90	Virginia	22119	C	0.85	Virginia	22508	AU	0.68	
Texas	781	D	0.90	Virginia	22120	C	0.85	Virginia	22509	C	0.85	
Texas	782	BR	1.02	Virginia	22121	C	0.85	Virginia	22511	C	0.85	
Texas	783	D	0.90	Virginia	22122	C	0.85	Virginia	22513	C	0.85	
Texas	784	BR	1.02	Virginia	22124	C	0.85	Virginia	22514	AU	0.68	
Texas	785	D	0.90	Virginia	22125	C	0.85	Virginia	22517	C	0.85	
Texas	786	D	0.90	Virginia	22134	C	0.85	Virginia	22520	C	0.85	
Texas	787	D	0.90	Virginia	22135	C	0.85	Virginia	22523	C	0.85	
Texas	788	D	0.90	Virginia	22150	C	0.85	Virginia	22524	C	0.85	
Texas	789	D	0.90	Virginia	22151	C	0.85	Virginia	22526	C	0.85	
Texas	790	D	0.90	Virginia	22152	C	0.85	Virginia	22528	C	0.85	
Texas	791	D	0.90	Virginia	22153	C	0.85	Virginia	22529	C	0.85	
Texas	792	D	0.90	Virginia	22156	C	0.85	Virginia	22530	C	0.85	
Texas	793	BR	1.02	Virginia	22158	C	0.85	Virginia	22534	AU	0.68	
Texas	794	BR	1.02	Virginia	22159	C	0.85	Virginia	22535	AU	0.68	
Texas	795	D	0.90	Virginia	22160	C	0.85	Virginia	22538	AU	0.68	
Texas	796	D	0.90	Virginia	22161	C	0.85	Virginia	22539	C	0.85	
Texas	797	D	0.90	Virginia	22172	C	0.85	Virginia	22542	AU	0.68	
Texas	798	D	0.90	Virginia	22180	C	0.85	Virginia	22544	C	0.85	
Texas	799	D	0.90	Virginia	22181	C	0.85	Virginia	22545	AU	0.68	
Texas	885	D	0.90	Virginia	22182	C	0.85	Virginia	22546	AU	0.68	
Utah	840	W	0.70	Virginia	22183	C	0.85	Virginia	22547	C	0.85	
Utah	841	W	0.70	Virginia	22184	C	0.85	Virginia	22548	C	0.85	
Utah	842	W	0.70	Virginia	22185	C	0.85	Virginia	22551	AU	0.68	
Utah	843	W	0.70	Virginia	22191	C	0.85	Virginia	22552	AU	0.68	
Utah	844	W	0.70	Virginia	22192	C	0.85	Virginia	22553	AU	0.68	
Utah	845	W	0.70	Virginia	22193	C	0.85	Virginia	22554	AU	0.68	
Utah	846	W	0.70	Virginia	22194	C	0.85	Virginia	22555	AU	0.68	
Utah	847	W	0.70	Virginia	22195	C	0.85	Virginia	22556	AU	0.68	
Vermont	050	A	0.75	Virginia	22199	C	0.85	Virginia	22558	C	0.85	
Vermont	051	A	0.75	Virginia	22401	C	0.85	Virginia	22560	C	0.85	
Vermont	052	A	0.75	Virginia	22402	C	0.85	Virginia	22565	AU	0.68	
Vermont	053	A	0.75	Virginia	22403	AU	0.68	Virginia	22567	AU	0.68	
Vermont	054	A	0.75	Virginia	22404	C	0.85	Virginia	22570	C	0.85	
Vermont	056	A	0.75	Virginia	22405	AU	0.68	Virginia	22572	C	0.85	
Vermont	057	A	0.75	Virginia	22406	AU	0.68	Virginia	22576	C	0.85	
Vermont	058	A	0.75	Virginia	22407	AU	0.68	Virginia	22577	C	0.85	
Vermont	059	A	0.75	Virginia	22408	AU	0.68	Virginia	22578	C	0.85	
Virgin Island	008	A	0.75	Virginia	22412	AU	0.68	Virginia	22579	C	0.85	
Virginia	201	AU	0.68	Virginia	22427	AU	0.68	Virginia	22580	AU	0.68	
Virginia	220	C	0.85	Virginia	22428	AU	0.68	Virginia	22581	C	0.85	
Virginia	222	C	0.85	Virginia	22430	AU	0.68	Virginia	23001	C	0.85	
Virginia	223	C	0.85	Virginia	22432	C	0.85	Virginia	23002	C	0.85	
Virginia	226	AU	0.68	Virginia	22433	AU	0.68	Virginia	23003	C	0.85	
Virginia	227	AU	0.68	Virginia	22435	C	0.85	Virginia	23004	AU	0.68	
Virginia	228	AU	0.68	Virginia	22436	C	0.85	Virginia	23005	C	0.85	
Virginia	229	AU	0.68	Virginia	22437	C	0.85	Virginia	23009	C	0.85	
Virginia	232	C	0.85	Virginia	22438	C	0.85	Virginia	23011	C	0.85	
Virginia	233	C	0.85	Virginia	22442	C	0.85	Virginia	23014	C	0.85	
Virginia	234	C	0.85	Virginia	22443	C	0.85	Virginia	23015	C	0.85	
Virginia	235	C	0.85	Virginia	22446	AU	0.68	Virginia	23018	C	0.85	

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State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Virginia	23021	C	0.85	Virginia	23128	C	0.85	West Virginia	265	BE	0.84
Virginia	23022	AU	0.68	Virginia	23129	C	0.85	West Virginia	266	BE	0.84
Virginia	23023	C	0.85	Virginia	23130	C	0.85	West Virginia	267	BE	0.84
Virginia	23024	AU	0.68	Virginia	23131	C	0.85	West Virginia	268	BE	0.84
Virginia	23025	C	0.85	Virginia	23138	C	0.85	Wisconsin	532	QQ	0.78
Virginia	23027	AU	0.68	Virginia	23139	C	0.85	Wisconsin	534	QQ	0.78
Virginia	23030	C	0.85	Virginia	23140	C	0.85	Wisconsin	535	W	0.70
Virginia	23031	C	0.85	Virginia	23141	C	0.85	Wisconsin	537	W	0.70
Virginia	23032	C	0.85	Virginia	23146	C	0.85	Wisconsin	538	W	0.70
Virginia	23035	C	0.85	Virginia	23147	C	0.85	Wisconsin	539	MM	0.64
Virginia	23038	C	0.85	Virginia	23148	C	0.85	Wisconsin	540	MM	0.64
Virginia	23039	C	0.85	Virginia	23149	C	0.85	Wisconsin	541	MM	0.64
Virginia	23040	AU	0.68	Virginia	23150	C	0.85	Wisconsin	542	MM	0.64
Virginia	23043	C	0.85	Virginia	23153	C	0.85	Wisconsin	543	MM	0.64
Virginia	23045	C	0.85	Virginia	23154	C	0.85	Wisconsin	544	W	0.70
Virginia	23047	C	0.85	Virginia	23155	C	0.85	Wisconsin	545	MM	0.64
Virginia	23050	C	0.85	Virginia	23156	C	0.85	Wisconsin	546	MM	0.64
Virginia	23055	AU	0.68	Virginia	23160	C	0.85	Wisconsin	547	MM	0.64
Virginia	23056	C	0.85	Virginia	23161	C	0.85	Wisconsin	548	MM	0.64
Virginia	23058	C	0.85	Virginia	23162	C	0.85	Wisconsin	549	W	0.70
Virginia	23059	C	0.85	Virginia	23163	C	0.85	Wisconsin	53001	W	0.70
Virginia	23060	C	0.85	Virginia	23168	C	0.85	Wisconsin	53002	W	0.70
Virginia	23061	C	0.85	Virginia	23169	C	0.85	Wisconsin	53003	W	0.70
Virginia	23062	C	0.85	Virginia	23170	AU	0.68	Wisconsin	53004	W	0.70
Virginia	23063	C	0.85	Virginia	23173	C	0.85	Wisconsin	53005	QQ	0.78
Virginia	23064	C	0.85	Virginia	23175	C	0.85	Wisconsin	53006	W	0.70
Virginia	23065	C	0.85	Virginia	23176	C	0.85	Wisconsin	53007	QQ	0.78
Virginia	23066	C	0.85	Virginia	23177	C	0.85	Wisconsin	53008	QQ	0.78
Virginia	23067	C	0.85	Virginia	23178	C	0.85	Wisconsin	53009	W	0.70
Virginia	23068	C	0.85	Virginia	23180	C	0.85	Wisconsin	53010	W	0.70
Virginia	23069	C	0.85	Virginia	23181	C	0.85	Wisconsin	53011	W	0.70
Virginia	23070	C	0.85	Virginia	23183	C	0.85	Wisconsin	53012	QQ	0.78
Virginia	23071	C	0.85	Virginia	23184	C	0.85	Wisconsin	53013	W	0.70
Virginia	23072	C	0.85	Virginia	23185	C	0.85	Wisconsin	53014	W	0.70
Virginia	23075	C	0.85	Virginia	23186	C	0.85	Wisconsin	53015	W	0.70
Virginia	23076	C	0.85	Virginia	23187	C	0.85	Wisconsin	53016	W	0.70
Virginia	23079	C	0.85	Virginia	23188	C	0.85	Wisconsin	53017	QQ	0.78
Virginia	23080	C	0.85	Virginia	23190	C	0.85	Wisconsin	53018	W	0.70
Virginia	23081	C	0.85	Virginia	23192	C	0.85	Wisconsin	53019	W	0.70
Virginia	23083	C	0.85	Washington	980	C	0.85	Wisconsin	53020	W	0.70
Virginia	23084	AU	0.68	Washington	981	C	0.85	Wisconsin	53021	W	0.70
Virginia	23085	C	0.85	Washington	982	C	0.85	Wisconsin	53022	QQ	0.78
Virginia	23086	C	0.85	Washington	983	C	0.85	Wisconsin	53023	W	0.70
Virginia	23089	C	0.85	Washington	984	C	0.85	Wisconsin	53024	QQ	0.78
Virginia	23090	C	0.85	Washington	985	C	0.85	Wisconsin	53026	W	0.70
Virginia	23091	C	0.85	Washington	986	C	0.85	Wisconsin	53027	W	0.70
Virginia	23092	C	0.85	Washington	988	C	0.85	Wisconsin	53029	W	0.70
Virginia	23093	AU	0.68	Washington	989	C	0.85	Wisconsin	53031	W	0.70
Virginia	23101	C	0.85	Washington	990	C	0.85	Wisconsin	53032	W	0.70
Virginia	23102	C	0.85	Washington	991	C	0.85	Wisconsin	53033	QQ	0.78
Virginia	23103	C	0.85	Washington	992	C	0.85	Wisconsin	53034	W	0.70
Virginia	23105	C	0.85	Washington	993	C	0.85	Wisconsin	53035	W	0.70
Virginia	23106	C	0.85	Washington	994	C	0.85	Wisconsin	53036	W	0.70
Virginia	23107	C	0.85	West Virginia	247	BE	0.84	Wisconsin	53037	QQ	0.78
Virginia	23108	C	0.85	West Virginia	248	BE	0.84	Wisconsin	53038	W	0.70
Virginia	23109	C	0.85	West Virginia	249	BE	0.84	Wisconsin	53039	W	0.70
Virginia	23110	C	0.85	West Virginia	250	BE	0.84	Wisconsin	53040	W	0.70
Virginia	23111	C	0.85	West Virginia	251	BE	0.84	Wisconsin	53042	W	0.70
Virginia	23112	C	0.85	West Virginia	252	BE	0.84	Wisconsin	53044	W	0.70
Virginia	23113	C	0.85	West Virginia	253	BE	0.84	Wisconsin	53045	QQ	0.78
Virginia	23114	C	0.85	West Virginia	254	BE	0.84	Wisconsin	53046	QQ	0.78
Virginia	23115	C	0.85	West Virginia	255	BE	0.84	Wisconsin	53047	W	0.70
Virginia	23116	C	0.85	West Virginia	256	BE	0.84	Wisconsin	53048	W	0.70
Virginia	23117	AU	0.68	West Virginia	257	BE	0.84	Wisconsin	53049	W	0.70
Virginia	23119	C	0.85	West Virginia	258	BE	0.84	Wisconsin	53050	W	0.70
Virginia	23120	C	0.85	West Virginia	259	BE	0.84	Wisconsin	53051	QQ	0.78
Virginia	23123	AU	0.68	West Virginia	260	BE	0.84	Wisconsin	53052	QQ	0.78
Virginia	23124	C	0.85	West Virginia	261	BE	0.84	Wisconsin	53056	W	0.70
Virginia	23125	C	0.85	West Virginia	262	BE	0.84	Wisconsin	53057	W	0.70
Virginia	23126	C	0.85	West Virginia	263	BE	0.84	Wisconsin	53058	W	0.70
Virginia	23127	C	0.85	West Virginia	264	BE	0.84	Wisconsin	53059	W	0.70

NB UMS 2010		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT										
			AREA RATING FACTORS BY STATE AND ZIP CODE									
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Cod	Factor	State	Zip Code	Alpha Cod	Factor	
Wisconsin	53060	W	0.70	Wisconsin	53154	QQ	0.78					
Wisconsin	53061	W	0.70	Wisconsin	53156	W	0.70					
Wisconsin	53062	W	0.70	Wisconsin	53157	W	0.70					
Wisconsin	53063	W	0.70	Wisconsin	53158	QQ	0.78					
Wisconsin	53064	W	0.70	Wisconsin	53159	QQ	0.78					
Wisconsin	53065	W	0.70	Wisconsin	53167	W	0.70					
Wisconsin	53066	W	0.70	Wisconsin	53168	W	0.70					
Wisconsin	53069	W	0.70	Wisconsin	53170	W	0.70					
Wisconsin	53070	W	0.70	Wisconsin	53171	QQ	0.78					
Wisconsin	53072	QQ	0.78	Wisconsin	53172	QQ	0.78					
Wisconsin	53073	W	0.70	Wisconsin	53176	W	0.70					
Wisconsin	53074	W	0.70	Wisconsin	53177	QQ	0.78					
Wisconsin	53075	W	0.70	Wisconsin	53178	W	0.70					
Wisconsin	53076	QQ	0.78	Wisconsin	53179	W	0.70					
Wisconsin	53078	W	0.70	Wisconsin	53181	W	0.70					
Wisconsin	53079	W	0.70	Wisconsin	53182	QQ	0.78					
Wisconsin	53080	W	0.70	Wisconsin	53183	W	0.70					
Wisconsin	53081	W	0.70	Wisconsin	53184	W	0.70					
Wisconsin	53082	W	0.70	Wisconsin	53185	W	0.70					
Wisconsin	53083	W	0.70	Wisconsin	53186	QQ	0.78					
Wisconsin	53085	W	0.70	Wisconsin	53187	QQ	0.78					
Wisconsin	53086	W	0.70	Wisconsin	53188	QQ	0.78					
Wisconsin	53088	W	0.70	Wisconsin	53189	QQ	0.78					
Wisconsin	53089	QQ	0.78	Wisconsin	53190	W	0.70					
Wisconsin	53090	W	0.70	Wisconsin	53191	W	0.70					
Wisconsin	53091	W	0.70	Wisconsin	53192	W	0.70					
Wisconsin	53092	QQ	0.78	Wisconsin	53194	QQ	0.78					
Wisconsin	53093	W	0.70	Wisconsin	53195	W	0.70					
Wisconsin	53094	W	0.70	Wisconsin	53199	W	0.70					
Wisconsin	53095	W	0.70	Wyoming	820	B	0.80					
Wisconsin	53097	QQ	0.78	Wyoming	821	B	0.80					
Wisconsin	53098	W	0.70	Wyoming	822	B	0.80					
Wisconsin	53099	W	0.70	Wyoming	823	B	0.80					
Wisconsin	53101	W	0.70	Wyoming	824	B	0.80					
Wisconsin	53102	QQ	0.78	Wyoming	825	B	0.80					
Wisconsin	53103	W	0.70	Wyoming	826	B	0.80					
Wisconsin	53104	QQ	0.78	Wyoming	827	B	0.80					
Wisconsin	53105	W	0.70	Wyoming	828	B	0.80					
Wisconsin	53108	QQ	0.78	Wyoming	829	B	0.80					
Wisconsin	53109	QQ	0.78	Wyoming	830	B	0.80					
Wisconsin	53110	QQ	0.78	Wyoming	831	B	0.80					
Wisconsin	53114	W	0.70	Wyoming	834	B	0.80					
Wisconsin	53115	W	0.70									
Wisconsin	53118	W	0.70									
Wisconsin	53119	W	0.70									
Wisconsin	53120	W	0.70									
Wisconsin	53121	W	0.70									
Wisconsin	53122	QQ	0.78									
Wisconsin	53125	W	0.70									
Wisconsin	53126	QQ	0.78									
Wisconsin	53127	W	0.70									
Wisconsin	53128	W	0.70									
Wisconsin	53129	QQ	0.78									
Wisconsin	53130	QQ	0.78									
Wisconsin	53132	QQ	0.78									
Wisconsin	53137	W	0.70									
Wisconsin	53138	W	0.70									
Wisconsin	53139	W	0.70									
Wisconsin	53140	QQ	0.78									
Wisconsin	53141	QQ	0.78									
Wisconsin	53142	QQ	0.78									
Wisconsin	53143	QQ	0.78									
Wisconsin	53144	QQ	0.78									
Wisconsin	53146	QQ	0.78									
Wisconsin	53147	W	0.70									
Wisconsin	53148	W	0.70									
Wisconsin	53149	W	0.70									
Wisconsin	53150	QQ	0.78									
Wisconsin	53151	QQ	0.78									
Wisconsin	53152	W	0.70									
Wisconsin	53153	W	0.70									

Schedule of Monthly Rates
For Policy Form UM31 - Arkansas

Attained Age	
All	120.68

NON-TOBACCO PREMIUMS ARE 7.5% LOWER THAN TOBACCO PREMIUMS.

RATES ARE 7% LOWER WHEN ANOTHER MEMBER OF THE HOUSEHOLD HAS A MUTUAL OF OMAHA, UNITED WORLD, OR UNITED OF OMAHA MEDICARE SUPPLEMENT POLICY.

RISK CLASS INCREASE IN PREMIUM OF 10% OR 20% BASED ON HEIGHT/WEIGHT CHART MAY APPLY.

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

NB UMS 2010		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT												
	AREA RATING FACTORS BY STATE AND ZIP CODE													
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor			
Alabama	350	BO	0.98	Arkansas	72024	SS	0.86	Arkansas	72112	SS	0.86			
Alabama	351	BO	0.98	Arkansas	72025	SS	0.86	Arkansas	72113	BO	0.98			
Alabama	352	BO	0.98	Arkansas	72026	SS	0.86	Arkansas	72114	BO	0.98			
Alabama	354	BF	0.87	Arkansas	72027	SS	0.86	Arkansas	72115	BO	0.98			
Alabama	355	BO	0.98	Arkansas	72028	SS	0.86	Arkansas	72116	BO	0.98			
Alabama	356	BF	0.87	Arkansas	72029	SS	0.86	Arkansas	72117	BO	0.98			
Alabama	357	BF	0.87	Arkansas	72030	SS	0.86	Arkansas	72118	BO	0.98			
Alabama	358	BF	0.87	Arkansas	72031	SS	0.86	Arkansas	72119	BO	0.98			
Alabama	359	BF	0.87	Arkansas	72032	SS	0.86	Arkansas	72120	BO	0.98			
Alabama	360	BF	0.87	Arkansas	72033	SS	0.86	Arkansas	72121	SS	0.86			
Alabama	361	BF	0.87	Arkansas	72034	SS	0.86	Arkansas	72122	SS	0.86			
Alabama	362	BF	0.87	Arkansas	72035	SS	0.86	Arkansas	72123	SS	0.86			
Alabama	363	BF	0.87	Arkansas	72036	SS	0.86	Arkansas	72124	BO	0.98			
Alabama	364	BF	0.87	Arkansas	72037	SS	0.86	Arkansas	72125	SS	0.86			
Alabama	365	BF	0.87	Arkansas	72038	SS	0.86	Arkansas	72126	SS	0.86			
Alabama	366	BF	0.87	Arkansas	72039	SS	0.86	Arkansas	72127	SS	0.86			
Alabama	367	BF	0.87	Arkansas	72040	SS	0.86	Arkansas	72128	SS	0.86			
Alabama	368	BF	0.87	Arkansas	72041	SS	0.86	Arkansas	72129	SS	0.86			
Alabama	369	BF	0.87	Arkansas	72042	SS	0.86	Arkansas	72130	SS	0.86			
Alaska	995	F	1.00	Arkansas	72043	SS	0.86	Arkansas	72131	SS	0.86			
Alaska	996	F	1.00	Arkansas	72044	SS	0.86	Arkansas	72132	SS	0.86			
Alaska	997	F	1.00	Arkansas	72045	SS	0.86	Arkansas	72133	SS	0.86			
Alaska	998	F	1.00	Arkansas	72046	SS	0.86	Arkansas	72134	SS	0.86			
Alaska	999	F	1.00	Arkansas	72047	SS	0.86	Arkansas	72135	BO	0.98			
Arizona	850	C	0.85	Arkansas	72048	SS	0.86	Arkansas	72136	SS	0.86			
Arizona	851	C	0.85	Arkansas	72051	SS	0.86	Arkansas	72137	SS	0.86			
Arizona	852	C	0.85	Arkansas	72052	SS	0.86	Arkansas	72139	SS	0.86			
Arizona	853	C	0.85	Arkansas	72053	BO	0.98	Arkansas	72140	SS	0.86			
Arizona	855	C	0.85	Arkansas	72055	SS	0.86	Arkansas	72141	SS	0.86			
Arizona	856	C	0.85	Arkansas	72057	SS	0.86	Arkansas	72142	BO	0.98			
Arizona	857	C	0.85	Arkansas	72058	SS	0.86	Arkansas	72143	SS	0.86			
Arizona	859	C	0.85	Arkansas	72059	SS	0.86	Arkansas	72145	SS	0.86			
Arizona	860	C	0.85	Arkansas	72060	SS	0.86	Arkansas	72149	SS	0.86			
Arizona	863	C	0.85	Arkansas	72061	SS	0.86	Arkansas	72150	SS	0.86			
Arizona	864	C	0.85	Arkansas	72063	SS	0.86	Arkansas	72152	SS	0.86			
Arizona	865	C	0.85	Arkansas	72064	SS	0.86	Arkansas	72153	SS	0.86			
Arkansas	716	RR	0.82	Arkansas	72065	BO	0.98	Arkansas	72156	SS	0.86			
Arkansas	717	RR	0.82	Arkansas	72066	SS	0.86	Arkansas	72157	SS	0.86			
Arkansas	718	RR	0.82	Arkansas	72067	SS	0.86	Arkansas	72158	SS	0.86			
Arkansas	719	RR	0.82	Arkansas	72068	SS	0.86	Arkansas	72160	SS	0.86			
Arkansas	720	N/A	N/A	Arkansas	72069	SS	0.86	Arkansas	72164	BO	0.98			
Arkansas	721	N/A	N/A	Arkansas	72070	SS	0.86	Arkansas	72165	SS	0.86			
Arkansas	722	BO	0.98	Arkansas	72071	SS	0.86	Arkansas	72166	SS	0.86			
Arkansas	723	RR	0.82	Arkansas	72072	SS	0.86	Arkansas	72167	SS	0.86			
Arkansas	724	RR	0.82	Arkansas	72073	SS	0.86	Arkansas	72168	SS	0.86			
Arkansas	725	RR	0.82	Arkansas	72074	SS	0.86	Arkansas	72169	SS	0.86			
Arkansas	726	RR	0.82	Arkansas	72075	SS	0.86	Arkansas	72170	SS	0.86			
Arkansas	727	RR	0.82	Arkansas	72076	BO	0.98	Arkansas	72173	SS	0.86			
Arkansas	728	RR	0.82	Arkansas	72078	BO	0.98	Arkansas	72175	SS	0.86			
Arkansas	729	RR	0.82	Arkansas	72079	SS	0.86	Arkansas	72176	SS	0.86			
Arkansas	72001	SS	0.86	Arkansas	72080	SS	0.86	Arkansas	72178	SS	0.86			
Arkansas	72002	BO	0.98	Arkansas	72081	SS	0.86	Arkansas	72179	SS	0.86			
Arkansas	72003	SS	0.86	Arkansas	72082	SS	0.86	Arkansas	72180	BO	0.98			
Arkansas	72004	SS	0.86	Arkansas	72083	SS	0.86	Arkansas	72181	SS	0.86			
Arkansas	72005	SS	0.86	Arkansas	72084	SS	0.86	Arkansas	72182	SS	0.86			
Arkansas	72006	SS	0.86	Arkansas	72085	SS	0.86	Arkansas	72183	BO	0.98			
Arkansas	72007	SS	0.86	Arkansas	72086	SS	0.86	Arkansas	72189	SS	0.86			
Arkansas	72010	SS	0.86	Arkansas	72087	SS	0.86	Arkansas	72190	BO	0.98			
Arkansas	72011	SS	0.86	Arkansas	72088	SS	0.86	Arkansas	72198	BO	0.98			
Arkansas	72012	SS	0.86	Arkansas	72089	SS	0.86	Arkansas	72199	BO	0.98			
Arkansas	72013	SS	0.86	Arkansas	72099	BO	0.98	California	900	CE	1.17			
Arkansas	72014	SS	0.86	Arkansas	72101	SS	0.86	California	901	CE	1.17			
Arkansas	72015	SS	0.86	Arkansas	72102	SS	0.86	California	902	CE	1.17			
Arkansas	72016	SS	0.86	Arkansas	72103	BO	0.98	California	903	CE	1.17			
Arkansas	72017	SS	0.86	Arkansas	72104	SS	0.86	California	904	CE	1.17			
Arkansas	72018	SS	0.86	Arkansas	72105	SS	0.86	California	905	CE	1.17			
Arkansas	72019	SS	0.86	Arkansas	72106	SS	0.86	California	906	CE	1.17			
Arkansas	72020	SS	0.86	Arkansas	72107	SS	0.86	California	907	CE	1.17			
Arkansas	72021	SS	0.86	Arkansas	72108	SS	0.86	California	908	CE	1.17			
Arkansas	72022	SS	0.86	Arkansas	72110	SS	0.86	California	909	CE	1.17			
Arkansas	72023	SS	0.86	Arkansas	72111	SS	0.86	California	910	CE	1.17			

NB UMS 2010		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT									
AREA RATING FACTORS BY STATE AND ZIP CODE											
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
California	911	CE	1.17	Colorado	80422	QQ	0.78	Colorado	80633	QQ	0.78
California	912	CE	1.17	Colorado	80423	QQ	0.78	Colorado	80634	QQ	0.78
California	913	CE	1.17	Colorado	80424	QQ	0.78	Colorado	80638	QQ	0.78
California	914	CE	1.17	Colorado	80425	BF	0.87	Colorado	80639	QQ	0.78
California	915	CE	1.17	Colorado	80426	QQ	0.78	Colorado	80640	BF	0.87
California	916	CE	1.17	Colorado	80427	QQ	0.78	Colorado	80642	QQ	0.78
California	917	CE	1.17	Colorado	80428	QQ	0.78	Colorado	80643	QQ	0.78
California	918	CE	1.17	Colorado	80430	QQ	0.78	Colorado	80644	QQ	0.78
California	919	BP	0.99	Colorado	80432	QQ	0.78	Colorado	80645	QQ	0.78
California	920	BP	0.99	Colorado	80433	BF	0.87	Colorado	80646	QQ	0.78
California	921	BP	0.99	Colorado	80434	QQ	0.78	Colorado	80648	QQ	0.78
California	922	BP	0.99	Colorado	80435	QQ	0.78	Colorado	80649	QQ	0.78
California	923	BP	0.99	Colorado	80436	QQ	0.78	Colorado	80650	QQ	0.78
California	924	BP	0.99	Colorado	80437	BF	0.87	Colorado	80651	QQ	0.78
California	925	BP	0.99	Colorado	80438	QQ	0.78	Colorado	80652	QQ	0.78
California	926	CE	1.17	Colorado	80439	BF	0.87	Colorado	80653	QQ	0.78
California	927	CE	1.17	Colorado	80440	QQ	0.78	Colorado	80654	QQ	0.78
California	928	CE	1.17	Colorado	80442	QQ	0.78	Connecticut	060	D	0.90
California	930	BP	0.99	Colorado	80443	QQ	0.78	Connecticut	061	D	0.90
California	931	BP	0.99	Colorado	80444	QQ	0.78	Connecticut	062	D	0.90
California	932	C	0.85	Colorado	80446	QQ	0.78	Connecticut	063	D	0.90
California	933	C	0.85	Colorado	80447	QQ	0.78	Connecticut	064	D	0.90
California	934	C	0.85	Colorado	80448	QQ	0.78	Connecticut	065	D	0.90
California	935	C	0.85	Colorado	80449	QQ	0.78	Connecticut	066	D	0.90
California	936	C	0.85	Colorado	80451	QQ	0.78	Connecticut	067	D	0.90
California	937	C	0.85	Colorado	80452	QQ	0.78	Connecticut	068	D	0.90
California	938	C	0.85	Colorado	80453	BF	0.87	Connecticut	069	D	0.90
California	939	C	0.85	Colorado	80454	BF	0.87	Delaware	197	E	0.95
California	940	BP	0.99	Colorado	80455	QQ	0.78	Delaware	198	E	0.95
California	941	BP	0.99	Colorado	80456	QQ	0.78	Delaware	199	E	0.95
California	942	BP	0.99	Colorado	80457	BF	0.87	District of Columbia	200	B	0.80
California	943	BP	0.99	Colorado	80459	QQ	0.78	District of Columbia	202	B	0.80
California	944	BP	0.99	Colorado	80461	QQ	0.78	District of Columbia	203	B	0.80
California	945	BP	0.99	Colorado	80463	QQ	0.78	District of Columbia	204	B	0.80
California	946	BP	0.99	Colorado	80465	BF	0.87	District of Columbia	205	B	0.80
California	947	BP	0.99	Colorado	80466	QQ	0.78	Florida	320	BU	1.06
California	948	BP	0.99	Colorado	80467	QQ	0.78	Florida	321	BU	1.06
California	949	BP	0.99	Colorado	80468	QQ	0.78	Florida	322	CD	1.16
California	950	C	0.85	Colorado	80469	QQ	0.78	Florida	323	BU	1.06
California	951	C	0.85	Colorado	80470	BF	0.87	Florida	324	BU	1.06
California	952	C	0.85	Colorado	80471	QQ	0.78	Florida	325	BU	1.06
California	953	C	0.85	Colorado	80473	QQ	0.78	Florida	326	BU	1.06
California	954	C	0.85	Colorado	80474	QQ	0.78	Florida	327	BU	1.06
California	955	C	0.85	Colorado	80475	QQ	0.78	Florida	328	BU	1.06
California	956	C	0.85	Colorado	80476	QQ	0.78	Florida	329	BU	1.06
California	957	C	0.85	Colorado	80477	QQ	0.78	Florida	330	R	1.60
California	958	C	0.85	Colorado	80478	QQ	0.78	Florida	331	R	1.60
California	959	C	0.85	Colorado	80479	QQ	0.78	Florida	332	R	1.60
California	960	C	0.85	Colorado	80480	QQ	0.78	Florida	333	R	1.60
California	961	C	0.85	Colorado	80481	QQ	0.78	Florida	334	N	1.40
Colorado	800	BF	0.87	Colorado	80482	QQ	0.78	Florida	335	CD	1.16
Colorado	801	BF	0.87	Colorado	80483	QQ	0.78	Florida	336	CD	1.16
Colorado	802	BF	0.87	Colorado	80487	QQ	0.78	Florida	337	CD	1.16
Colorado	803	QQ	0.78	Colorado	80488	QQ	0.78	Florida	338	BU	1.06
Colorado	805	QQ	0.78	Colorado	80497	QQ	0.78	Florida	339	BU	1.06
Colorado	807	QQ	0.78	Colorado	80498	QQ	0.78	Florida	340	R	1.60
Colorado	808	QQ	0.78	Colorado	80601	BF	0.87	Florida	341	BU	1.06
Colorado	809	QQ	0.78	Colorado	80602	BF	0.87	Florida	342	BU	1.06
Colorado	810	QQ	0.78	Colorado	80603	BF	0.87	Florida	344	BU	1.06
Colorado	811	QQ	0.78	Colorado	80610	QQ	0.78	Florida	346	CD	1.16
Colorado	812	QQ	0.78	Colorado	80611	QQ	0.78	Florida	347	BU	1.06
Colorado	813	QQ	0.78	Colorado	80612	QQ	0.78	Florida	349	CD	1.16
Colorado	814	QQ	0.78	Colorado	80614	BF	0.87	Georgia	300	BK	0.93
Colorado	815	QQ	0.78	Colorado	80615	QQ	0.78	Georgia	301	BK	0.93
Colorado	816	QQ	0.78	Colorado	80620	QQ	0.78	Georgia	302	BK	0.93
Colorado	80401	BF	0.87	Colorado	80621	QQ	0.78	Georgia	303	BK	0.93
Colorado	80402	BF	0.87	Colorado	80622	QQ	0.78	Georgia	304	C	0.85
Colorado	80403	BF	0.87	Colorado	80623	QQ	0.78	Georgia	305	C	0.85
Colorado	80419	BF	0.87	Colorado	80624	QQ	0.78	Georgia	306	C	0.85
Colorado	80420	QQ	0.78	Colorado	80631	QQ	0.78	Georgia	307	C	0.85
Colorado	80421	QQ	0.78	Colorado	80632	QQ	0.78	Georgia	308	BK	0.93

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			AREA RATING FACTORS BY STATE AND ZIP CODE											
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor			
Georgia	309	BK	0.93	Iowa	500	AT	0.66	Kentucky	426	C	0.85			
Georgia	310	C	0.85	Iowa	501	AT	0.66	Kentucky	427	C	0.85			
Georgia	311	BK	0.93	Iowa	502	AT	0.66	Louisiana	700	BG	0.88			
Georgia	312	C	0.85	Iowa	503	D	0.9	Louisiana	701	BR	1.02			
Georgia	313	BK	0.93	Iowa	504	AT	0.66	Louisiana	703	BG	0.88			
Georgia	314	BK	0.93	Iowa	505	AT	0.66	Louisiana	704	BR	1.02			
Georgia	315	C	0.85	Iowa	506	AT	0.66	Louisiana	705	RR	0.82			
Georgia	316	C	0.85	Iowa	507	AW	0.72	Louisiana	706	RR	0.82			
Georgia	317	C	0.85	Iowa	508	AT	0.66	Louisiana	707	BG	0.88			
Georgia	318	C	0.85	Iowa	509	D	0.9	Louisiana	708	BG	0.88			
Georgia	319	C	0.85	Iowa	510	AW	0.72	Louisiana	710	RR	0.82			
Georgia	398	C	0.85	Iowa	511	AW	0.72	Louisiana	711	RR	0.82			
Georgia	399	BK	0.93	Iowa	512	AT	0.66	Louisiana	712	RR	0.82			
Hawaii	967	D	0.90	Iowa	513	AT	0.66	Louisiana	713	RR	0.82			
Hawaii	968	D	0.90	Iowa	514	AT	0.66	Louisiana	714	RR	0.82			
Idaho	832	W	0.70	Iowa	515	AT	0.66	Maine	039	A	0.75			
Idaho	833	W	0.70	Iowa	516	AW	0.72	Maine	040	A	0.75			
Idaho	834	W	0.70	Iowa	520	AT	0.66	Maine	041	A	0.75			
Idaho	835	W	0.70	Iowa	521	AT	0.66	Maine	042	A	0.75			
Idaho	836	W	0.70	Iowa	522	AT	0.66	Maine	043	A	0.75			
Idaho	837	W	0.70	Iowa	523	AT	0.66	Maine	044	A	0.75			
Idaho	838	W	0.70	Iowa	524	AT	0.66	Maine	045	A	0.75			
Illinois	600	BI	0.91	Iowa	525	AT	0.66	Maine	046	A	0.75			
Illinois	601	BI	0.91	Iowa	526	AW	0.72	Maine	047	A	0.75			
Illinois	602	BI	0.91	Iowa	527	AW	0.72	Maine	048	A	0.75			
Illinois	603	BI	0.91	Iowa	528	D	0.9	Maine	049	A	0.75			
Illinois	604	BI	0.91	Kansas	660	BF	0.87	Maryland	206	BV	1.07			
Illinois	605	BI	0.91	Kansas	661	BM	0.96	Maryland	207	BV	1.07			
Illinois	606	BI	0.91	Kansas	662	BM	0.96	Maryland	208	BV	1.07			
Illinois	607	BI	0.91	Kansas	664	BF	0.87	Maryland	209	BV	1.07			
Illinois	608	BI	0.91	Kansas	665	BF	0.87	Maryland	210	BV	1.07			
Illinois	609	RR	0.82	Kansas	666	BF	0.87	Maryland	211	BV	1.07			
Illinois	610	RR	0.82	Kansas	667	BF	0.87	Maryland	212	BV	1.07			
Illinois	611	RR	0.82	Kansas	668	BF	0.87	Maryland	214	BV	1.07			
Illinois	612	RR	0.82	Kansas	669	BF	0.87	Maryland	215	BV	1.07			
Illinois	613	RR	0.82	Kansas	670	BF	0.87	Maryland	216	BV	1.07			
Illinois	614	RR	0.82	Kansas	671	BF	0.87	Maryland	217	BV	1.07			
Illinois	615	RR	0.82	Kansas	672	BM	0.96	Maryland	218	BV	1.07			
Illinois	616	RR	0.82	Kansas	673	BF	0.87	Maryland	219	BV	1.07			
Illinois	617	RR	0.82	Kansas	674	BF	0.87	Massachusetts	010	E	0.95			
Illinois	618	RR	0.82	Kansas	675	BF	0.87	Massachusetts	011	E	0.95			
Illinois	619	RR	0.82	Kansas	676	BF	0.87	Massachusetts	012	E	0.95			
Illinois	620	RR	0.82	Kansas	677	BF	0.87	Massachusetts	013	E	0.95			
Illinois	622	RR	0.82	Kansas	678	BF	0.87	Massachusetts	014	E	0.95			
Illinois	623	RR	0.82	Kansas	679	BF	0.87	Massachusetts	015	E	0.95			
Illinois	624	RR	0.82	Kentucky	400	A	0.75	Massachusetts	016	E	0.95			
Illinois	625	RR	0.82	Kentucky	401	A	0.75	Massachusetts	017	E	0.95			
Illinois	626	RR	0.82	Kentucky	402	A	0.75	Massachusetts	018	E	0.95			
Illinois	627	RR	0.82	Kentucky	403	A	0.75	Massachusetts	019	E	0.95			
Illinois	628	RR	0.82	Kentucky	404	A	0.75	Massachusetts	020	E	0.95			
Illinois	629	RR	0.82	Kentucky	405	A	0.75	Massachusetts	021	E	0.95			
Indiana	460	AU	0.68	Kentucky	406	A	0.75	Massachusetts	022	E	0.95			
Indiana	461	AU	0.68	Kentucky	407	C	0.85	Massachusetts	023	E	0.95			
Indiana	462	BA	0.79	Kentucky	408	C	0.85	Massachusetts	024	E	0.95			
Indiana	463	BA	0.79	Kentucky	409	C	0.85	Massachusetts	025	E	0.95			
Indiana	464	BA	0.79	Kentucky	410	B	0.8	Massachusetts	026	E	0.95			
Indiana	465	AU	0.68	Kentucky	411	B	0.8	Massachusetts	027	E	0.95			
Indiana	466	AU	0.68	Kentucky	412	A	0.75	Massachusetts	055	E	0.95			
Indiana	467	AU	0.68	Kentucky	413	A	0.75	Michigan	480	I	1.15			
Indiana	468	AU	0.68	Kentucky	414	A	0.75	Michigan	481	I	1.15			
Indiana	469	AU	0.68	Kentucky	415	A	0.75	Michigan	482	I	1.15			
Indiana	470	AU	0.68	Kentucky	416	C	0.85	Michigan	483	I	1.15			
Indiana	471	AU	0.68	Kentucky	417	C	0.85	Michigan	484	I	1.15			
Indiana	472	AU	0.68	Kentucky	418	C	0.85	Michigan	485	I	1.15			
Indiana	473	AU	0.68	Kentucky	419	A	0.75	Michigan	486	E	0.95			
Indiana	474	AU	0.68	Kentucky	420	A	0.75	Michigan	487	E	0.95			
Indiana	475	AU	0.68	Kentucky	421	A	0.75	Michigan	488	E	0.95			
Indiana	476	AU	0.68	Kentucky	422	A	0.75	Michigan	489	E	0.95			
Indiana	477	AU	0.68	Kentucky	423	A	0.75	Michigan	490	BF	0.87			
Indiana	478	AU	0.68	Kentucky	424	A	0.75	Michigan	491	BF	0.87			
Indiana	479	AU	0.68	Kentucky	425	C	0.85	Michigan	492	E	0.95			

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State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor			
Michigan	493	BF	0.87	Minnesota	55068	BF	0.87	Minnesota	55188	BL	0.94			
Michigan	494	BF	0.87	Minnesota	55069	BC	0.81	Minnesota	55190	BL	0.94			
Michigan	495	BF	0.87	Minnesota	55070	BL	0.94	Minnesota	55191	BL	0.94			
Michigan	496	BF	0.87	Minnesota	55071	BF	0.87	Minnesota	55199	BL	0.94			
Michigan	497	BF	0.87	Minnesota	55072	BC	0.81	Minnesota	55301	BC	0.81			
Michigan	498	BF	0.87	Minnesota	55073	BF	0.87	Minnesota	55302	BC	0.81			
Michigan	499	BF	0.87	Minnesota	55074	BC	0.81	Minnesota	55303	BL	0.94			
Minnesota	556	BC	0.81	Minnesota	55075	BF	0.87	Minnesota	55304	BL	0.94			
Minnesota	557	BC	0.81	Minnesota	55076	BF	0.87	Minnesota	55305	BL	0.94			
Minnesota	558	BC	0.81	Minnesota	55077	BF	0.87	Minnesota	55306	BF	0.87			
Minnesota	559	BC	0.81	Minnesota	55078	BC	0.81	Minnesota	55307	BC	0.81			
Minnesota	560	BC	0.81	Minnesota	55079	BC	0.81	Minnesota	55308	BC	0.81			
Minnesota	561	BC	0.81	Minnesota	55080	BC	0.81	Minnesota	55309	BC	0.81			
Minnesota	562	BC	0.81	Minnesota	55082	BF	0.87	Minnesota	55310	BC	0.81			
Minnesota	563	BC	0.81	Minnesota	55083	BF	0.87	Minnesota	55311	BL	0.94			
Minnesota	564	BC	0.81	Minnesota	55084	BC	0.81	Minnesota	55312	BC	0.81			
Minnesota	565	BC	0.81	Minnesota	55085	BF	0.87	Minnesota	55313	BC	0.81			
Minnesota	566	BC	0.81	Minnesota	55087	BC	0.81	Minnesota	55314	BC	0.81			
Minnesota	567	BC	0.81	Minnesota	55088	BC	0.81	Minnesota	55315	BF	0.87			
Minnesota	55001	BF	0.87	Minnesota	55089	BC	0.81	Minnesota	55316	BL	0.94			
Minnesota	55002	BC	0.81	Minnesota	55090	BF	0.87	Minnesota	55317	BF	0.87			
Minnesota	55003	BF	0.87	Minnesota	55092	BC	0.81	Minnesota	55318	BF	0.87			
Minnesota	55005	BL	0.94	Minnesota	55101	BL	0.94	Minnesota	55319	BC	0.81			
Minnesota	55006	BC	0.81	Minnesota	55102	BL	0.94	Minnesota	55320	BC	0.81			
Minnesota	55007	BC	0.81	Minnesota	55103	BL	0.94	Minnesota	55321	BC	0.81			
Minnesota	55008	BC	0.81	Minnesota	55104	BL	0.94	Minnesota	55322	BF	0.87			
Minnesota	55009	BC	0.81	Minnesota	55105	BL	0.94	Minnesota	55323	BL	0.94			
Minnesota	55010	BF	0.87	Minnesota	55106	BL	0.94	Minnesota	55324	BC	0.81			
Minnesota	55011	BL	0.94	Minnesota	55107	BL	0.94	Minnesota	55325	BC	0.81			
Minnesota	55012	BC	0.81	Minnesota	55108	BL	0.94	Minnesota	55327	BL	0.94			
Minnesota	55013	BC	0.81	Minnesota	55109	BL	0.94	Minnesota	55328	BC	0.81			
Minnesota	55014	BL	0.94	Minnesota	55110	BL	0.94	Minnesota	55329	BC	0.81			
Minnesota	55016	BF	0.87	Minnesota	55111	BL	0.94	Minnesota	55330	BC	0.81			
Minnesota	55017	BC	0.81	Minnesota	55112	BL	0.94	Minnesota	55331	BL	0.94			
Minnesota	55018	BC	0.81	Minnesota	55113	BL	0.94	Minnesota	55332	BC	0.81			
Minnesota	55019	BC	0.81	Minnesota	55114	BL	0.94	Minnesota	55333	BC	0.81			
Minnesota	55020	BF	0.87	Minnesota	55115	BL	0.94	Minnesota	55334	BC	0.81			
Minnesota	55021	BC	0.81	Minnesota	55116	BL	0.94	Minnesota	55335	BC	0.81			
Minnesota	55024	BF	0.87	Minnesota	55117	BL	0.94	Minnesota	55336	BC	0.81			
Minnesota	55025	BF	0.87	Minnesota	55118	BF	0.87	Minnesota	55337	BF	0.87			
Minnesota	55026	BC	0.81	Minnesota	55119	BL	0.94	Minnesota	55338	BC	0.81			
Minnesota	55027	BC	0.81	Minnesota	55120	BF	0.87	Minnesota	55339	BF	0.87			
Minnesota	55029	BC	0.81	Minnesota	55121	BF	0.87	Minnesota	55340	BL	0.94			
Minnesota	55030	BC	0.81	Minnesota	55122	BF	0.87	Minnesota	55341	BC	0.81			
Minnesota	55031	BF	0.87	Minnesota	55123	BF	0.87	Minnesota	55342	BC	0.81			
Minnesota	55032	BC	0.81	Minnesota	55124	BF	0.87	Minnesota	55343	BL	0.94			
Minnesota	55033	BF	0.87	Minnesota	55125	BF	0.87	Minnesota	55344	BL	0.94			
Minnesota	55036	BC	0.81	Minnesota	55126	BL	0.94	Minnesota	55345	BL	0.94			
Minnesota	55037	BC	0.81	Minnesota	55127	BL	0.94	Minnesota	55346	BL	0.94			
Minnesota	55038	BF	0.87	Minnesota	55128	BF	0.87	Minnesota	55347	BL	0.94			
Minnesota	55040	BC	0.81	Minnesota	55129	BF	0.87	Minnesota	55348	BL	0.94			
Minnesota	55041	BC	0.81	Minnesota	55130	BL	0.94	Minnesota	55349	BC	0.81			
Minnesota	55042	BF	0.87	Minnesota	55133	BL	0.94	Minnesota	55350	BC	0.81			
Minnesota	55043	BF	0.87	Minnesota	55144	BL	0.94	Minnesota	55352	BF	0.87			
Minnesota	55044	BF	0.87	Minnesota	55145	BL	0.94	Minnesota	55353	BC	0.81			
Minnesota	55045	BC	0.81	Minnesota	55146	BL	0.94	Minnesota	55354	BC	0.81			
Minnesota	55046	BC	0.81	Minnesota	55150	BF	0.87	Minnesota	55355	BC	0.81			
Minnesota	55047	BF	0.87	Minnesota	55155	BL	0.94	Minnesota	55356	BL	0.94			
Minnesota	55049	BC	0.81	Minnesota	55161	BL	0.94	Minnesota	55357	BL	0.94			
Minnesota	55051	BC	0.81	Minnesota	55164	BL	0.94	Minnesota	55358	BC	0.81			
Minnesota	55052	BC	0.81	Minnesota	55165	BL	0.94	Minnesota	55359	BL	0.94			
Minnesota	55053	BC	0.81	Minnesota	55166	BL	0.94	Minnesota	55360	BF	0.87			
Minnesota	55054	BF	0.87	Minnesota	55168	BL	0.94	Minnesota	55361	BL	0.94			
Minnesota	55055	BF	0.87	Minnesota	55169	BL	0.94	Minnesota	55362	BC	0.81			
Minnesota	55056	BC	0.81	Minnesota	55170	BL	0.94	Minnesota	55363	BC	0.81			
Minnesota	55057	BC	0.81	Minnesota	55171	BL	0.94	Minnesota	55364	BL	0.94			
Minnesota	55060	BC	0.81	Minnesota	55172	BL	0.94	Minnesota	55365	BC	0.81			
Minnesota	55063	BC	0.81	Minnesota	55175	BL	0.94	Minnesota	55366	BC	0.81			
Minnesota	55065	BF	0.87	Minnesota	55177	BL	0.94	Minnesota	55367	BF	0.87			
Minnesota	55066	BC	0.81	Minnesota	55182	BL	0.94	Minnesota	55368	BF	0.87			
Minnesota	55067	BC	0.81	Minnesota	55187	BL	0.94	Minnesota	55369	BL	0.94			

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State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	
Minnesota	55370	BC	0.81	Minnesota	55441	BL	0.94	Montana	593	A	0.75	
Minnesota	55371	BC	0.81	Minnesota	55442	BL	0.94	Montana	594	A	0.75	
Minnesota	55372	BF	0.87	Minnesota	55443	BL	0.94	Montana	595	A	0.75	
Minnesota	55373	BC	0.81	Minnesota	55444	BL	0.94	Montana	596	A	0.75	
Minnesota	55374	BL	0.94	Minnesota	55445	BL	0.94	Montana	597	A	0.75	
Minnesota	55375	BL	0.94	Minnesota	55446	BL	0.94	Montana	598	A	0.75	
Minnesota	55376	BC	0.81	Minnesota	55447	BL	0.94	Montana	599	A	0.75	
Minnesota	55377	BC	0.81	Minnesota	55448	BL	0.94	Nebraska	680	N/A	N/A	
Minnesota	55378	BF	0.87	Minnesota	55449	BL	0.94	Nebraska	681	RR	0.82	
Minnesota	55379	BF	0.87	Minnesota	55450	BL	0.94	Nebraska	683	AV	0.69	
Minnesota	55380	BC	0.81	Minnesota	55454	BL	0.94	Nebraska	684	AV	0.69	
Minnesota	55381	BC	0.81	Minnesota	55455	BL	0.94	Nebraska	685	AY	0.76	
Minnesota	55382	BC	0.81	Minnesota	55458	BL	0.94	Nebraska	686	AV	0.69	
Minnesota	55383	BF	0.87	Minnesota	55459	BL	0.94	Nebraska	687	AV	0.69	
Minnesota	55384	BL	0.94	Minnesota	55460	BL	0.94	Nebraska	688	AV	0.69	
Minnesota	55385	BC	0.81	Minnesota	55467	BL	0.94	Nebraska	689	AV	0.69	
Minnesota	55386	BF	0.87	Minnesota	55468	BL	0.94	Nebraska	690	AV	0.69	
Minnesota	55387	BF	0.87	Minnesota	55470	BL	0.94	Nebraska	691	AV	0.69	
Minnesota	55388	BF	0.87	Minnesota	55472	BL	0.94	Nebraska	692	AV	0.69	
Minnesota	55389	BC	0.81	Minnesota	55473	BF	0.87	Nebraska	693	AV	0.69	
Minnesota	55390	BC	0.81	Minnesota	55474	BL	0.94	Nebraska	68001	AY	0.76	
Minnesota	55391	BL	0.94	Minnesota	55478	BL	0.94	Nebraska	68002	AY	0.76	
Minnesota	55392	BL	0.94	Minnesota	55479	BL	0.94	Nebraska	68003	AY	0.76	
Minnesota	55393	BC	0.81	Minnesota	55480	BL	0.94	Nebraska	68004	AY	0.76	
Minnesota	55394	BF	0.87	Minnesota	55483	BL	0.94	Nebraska	68005	RR	0.82	
Minnesota	55395	BC	0.81	Minnesota	55484	BL	0.94	Nebraska	68007	RR	0.82	
Minnesota	55396	BC	0.81	Minnesota	55485	BL	0.94	Nebraska	68008	AY	0.76	
Minnesota	55397	BF	0.87	Minnesota	55486	BL	0.94	Nebraska	68009	AY	0.76	
Minnesota	55398	BC	0.81	Minnesota	55487	BL	0.94	Nebraska	68010	RR	0.82	
Minnesota	55399	BF	0.87	Minnesota	55488	BL	0.94	Nebraska	68014	AY	0.76	
Minnesota	55400	BL	0.94	Mississippi	386	A	0.75	Nebraska	68015	AY	0.76	
Minnesota	55401	BL	0.94	Mississippi	387	A	0.75	Nebraska	68016	AY	0.76	
Minnesota	55402	BL	0.94	Mississippi	388	A	0.75	Nebraska	68017	AY	0.76	
Minnesota	55403	BL	0.94	Mississippi	389	A	0.75	Nebraska	68018	AY	0.76	
Minnesota	55404	BL	0.94	Mississippi	390	A	0.75	Nebraska	68019	AY	0.76	
Minnesota	55405	BL	0.94	Mississippi	391	A	0.75	Nebraska	68020	AY	0.76	
Minnesota	55406	BL	0.94	Mississippi	392	A	0.75	Nebraska	68022	RR	0.82	
Minnesota	55407	BL	0.94	Mississippi	393	A	0.75	Nebraska	68023	AY	0.76	
Minnesota	55408	BL	0.94	Mississippi	394	C	0.85	Nebraska	68025	AY	0.76	
Minnesota	55409	BL	0.94	Mississippi	395	C	0.85	Nebraska	68026	AY	0.76	
Minnesota	55410	BL	0.94	Mississippi	396	A	0.75	Nebraska	68028	RR	0.82	
Minnesota	55411	BL	0.94	Mississippi	397	A	0.75	Nebraska	68029	AY	0.76	
Minnesota	55412	BL	0.94	Missouri	630	QQ	0.78	Nebraska	68030	AY	0.76	
Minnesota	55413	BL	0.94	Missouri	631	QQ	0.78	Nebraska	68031	AY	0.76	
Minnesota	55414	BL	0.94	Missouri	633	QQ	0.78	Nebraska	68033	AY	0.76	
Minnesota	55415	BL	0.94	Missouri	634	AU	0.68	Nebraska	68034	AY	0.76	
Minnesota	55416	BL	0.94	Missouri	635	AU	0.68	Nebraska	68035	RR	0.82	
Minnesota	55417	BL	0.94	Missouri	636	AU	0.68	Nebraska	68036	AY	0.76	
Minnesota	55418	BL	0.94	Missouri	637	AU	0.68	Nebraska	68037	AY	0.76	
Minnesota	55419	BL	0.94	Missouri	638	AU	0.68	Nebraska	68038	AY	0.76	
Minnesota	55420	BL	0.94	Missouri	639	AU	0.68	Nebraska	68039	AY	0.76	
Minnesota	55421	BL	0.94	Missouri	640	QQ	0.78	Nebraska	68040	AY	0.76	
Minnesota	55422	BL	0.94	Missouri	641	QQ	0.78	Nebraska	68041	AY	0.76	
Minnesota	55423	BL	0.94	Missouri	644	AU	0.68	Nebraska	68042	AY	0.76	
Minnesota	55424	BL	0.94	Missouri	645	AU	0.68	Nebraska	68044	AY	0.76	
Minnesota	55425	BL	0.94	Missouri	646	AU	0.68	Nebraska	68045	AY	0.76	
Minnesota	55426	BL	0.94	Missouri	647	AU	0.68	Nebraska	68046	RR	0.82	
Minnesota	55427	BL	0.94	Missouri	648	AU	0.68	Nebraska	68047	AY	0.76	
Minnesota	55428	BL	0.94	Missouri	649	AU	0.68	Nebraska	68048	AY	0.76	
Minnesota	55429	BL	0.94	Missouri	650	AU	0.68	Nebraska	68050	AY	0.76	
Minnesota	55430	BL	0.94	Missouri	651	AU	0.68	Nebraska	68054	RR	0.82	
Minnesota	55431	BL	0.94	Missouri	652	AU	0.68	Nebraska	68055	AY	0.76	
Minnesota	55432	BL	0.94	Missouri	653	AU	0.68	Nebraska	68056	RR	0.82	
Minnesota	55433	BL	0.94	Missouri	654	AU	0.68	Nebraska	68057	AY	0.76	
Minnesota	55434	BL	0.94	Missouri	655	AU	0.68	Nebraska	68058	AY	0.76	
Minnesota	55435	BL	0.94	Missouri	656	AU	0.68	Nebraska	68059	RR	0.82	
Minnesota	55436	BL	0.94	Missouri	657	AU	0.68	Nebraska	68061	AY	0.76	
Minnesota	55437	BL	0.94	Missouri	658	AU	0.68	Nebraska	68062	AY	0.76	
Minnesota	55438	BL	0.94	Montana	590	A	0.75	Nebraska	68063	AY	0.76	
Minnesota	55439	BL	0.94	Montana	591	A	0.75	Nebraska	68064	RR	0.82	
Minnesota	55440	BL	0.94	Montana	592	A	0.75	Nebraska	68065	AY	0.76	

NB UMS 2010		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT									
		AREA RATING FACTORS BY STATE AND ZIP CODE									
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Nebraska	68066	AY	0.76	Nevada	89077	BU	1.06	New York	121	BJ	0.92
Nebraska	68067	AY	0.76	Nevada	89081	BU	1.06	New York	122	BJ	0.92
Nebraska	68068	AY	0.76	Nevada	89084	BU	1.06	New York	123	BJ	0.92
Nebraska	68069	RR	0.82	Nevada	89085	BU	1.06	New York	124	BJ	0.92
Nebraska	68070	AY	0.76	Nevada	89086	BU	1.06	New York	125	BJ	0.92
Nebraska	68071	AY	0.76	Nevada	89087	BU	1.06	New York	126	BJ	0.92
Nebraska	68072	AY	0.76	New Hampshire	002	W	0.70	New York	127	BJ	0.92
Nebraska	68073	AY	0.76	New Hampshire	030	W	0.70	New York	128	BF	0.87
Nevada	889	BU	1.06	New Hampshire	031	W	0.70	New York	129	BF	0.87
Nevada	891	BU	1.06	New Hampshire	032	W	0.70	New York	130	BF	0.87
Nevada	893	SS	0.86	New Hampshire	033	W	0.70	New York	131	BF	0.87
Nevada	894	SS	0.86	New Hampshire	034	W	0.70	New York	132	BF	0.87
Nevada	895	SS	0.86	New Hampshire	035	W	0.70	New York	133	BF	0.87
Nevada	897	SS	0.86	New Hampshire	036	W	0.70	New York	134	BF	0.87
Nevada	898	SS	0.86	New Hampshire	037	W	0.70	New York	135	BF	0.87
Nevada	89001	SS	0.86	New Hampshire	038	W	0.70	New York	136	BF	0.87
Nevada	89002	BU	1.06	New Jersey	070	E	0.95	New York	137	BF	0.87
Nevada	89003	SS	0.86	New Jersey	071	E	0.95	New York	138	BF	0.87
Nevada	89004	SS	0.86	New Jersey	072	E	0.95	New York	139	BF	0.87
Nevada	89005	SS	0.86	New Jersey	073	E	0.95	New York	140	BJ	0.92
Nevada	89006	SS	0.86	New Jersey	074	E	0.95	New York	141	BJ	0.92
Nevada	89007	SS	0.86	New Jersey	075	E	0.95	New York	142	BJ	0.92
Nevada	89008	SS	0.86	New Jersey	076	E	0.95	New York	143	BJ	0.92
Nevada	89009	BU	1.06	New Jersey	077	E	0.95	New York	144	BF	0.87
Nevada	89010	SS	0.86	New Jersey	078	E	0.95	New York	145	BF	0.87
Nevada	89011	BU	1.06	New Jersey	079	E	0.95	New York	146	BF	0.87
Nevada	89012	BU	1.06	New Jersey	080	E	0.95	New York	147	BF	0.87
Nevada	89013	SS	0.86	New Jersey	081	E	0.95	New York	148	BF	0.87
Nevada	89014	BU	1.06	New Jersey	082	E	0.95	New York	149	BF	0.87
Nevada	89015	BU	1.06	New Jersey	083	E	0.95	New York	10901	CD	1.16
Nevada	89016	BU	1.06	New Jersey	084	E	0.95	New York	10910	BJ	0.92
Nevada	89017	SS	0.86	New Jersey	085	E	0.95	New York	10911	CD	1.16
Nevada	89018	SS	0.86	New Jersey	086	E	0.95	New York	10912	BJ	0.92
Nevada	89019	SS	0.86	New Jersey	087	E	0.95	New York	10913	CD	1.16
Nevada	89020	SS	0.86	New Jersey	088	E	0.95	New York	10914	BJ	0.92
Nevada	89021	SS	0.86	New Jersey	089	E	0.95	New York	10915	BJ	0.92
Nevada	89022	SS	0.86	New Mexico	870	AY	0.76	New York	10916	BJ	0.92
Nevada	89023	SS	0.86	New Mexico	871	BL	0.94	New York	10917	BJ	0.92
Nevada	89024	SS	0.86	New Mexico	872	BL	0.94	New York	10918	BJ	0.92
Nevada	89025	SS	0.86	New Mexico	873	AY	0.76	New York	10919	BJ	0.92
Nevada	89026	SS	0.86	New Mexico	874	AY	0.76	New York	10920	CD	1.16
Nevada	89027	SS	0.86	New Mexico	875	AY	0.76	New York	10921	BJ	0.92
Nevada	89028	SS	0.86	New Mexico	877	AY	0.76	New York	10922	BJ	0.92
Nevada	89029	SS	0.86	New Mexico	878	AY	0.76	New York	10923	CD	1.16
Nevada	89030	BU	1.06	New Mexico	879	AY	0.76	New York	10924	BJ	0.92
Nevada	89031	BU	1.06	New Mexico	880	AY	0.76	New York	10925	BJ	0.92
Nevada	89032	BU	1.06	New Mexico	881	AY	0.76	New York	10926	BJ	0.92
Nevada	89033	BU	1.06	New Mexico	882	AY	0.76	New York	10927	CD	1.16
Nevada	89034	SS	0.86	New Mexico	883	AY	0.76	New York	10928	BJ	0.92
Nevada	89036	BU	1.06	New Mexico	884	AY	0.76	New York	10930	BJ	0.92
Nevada	89037	SS	0.86	New York	005	CD	1.16	New York	10931	CD	1.16
Nevada	89039	SS	0.86	New York	100	CD	1.16	New York	10932	BJ	0.92
Nevada	89040	SS	0.86	New York	101	CD	1.16	New York	10933	BJ	0.92
Nevada	89041	SS	0.86	New York	102	CD	1.16	New York	10940	BJ	0.92
Nevada	89042	SS	0.86	New York	103	CD	1.16	New York	10941	BJ	0.92
Nevada	89043	SS	0.86	New York	104	CD	1.16	New York	10943	BJ	0.92
Nevada	89044	BU	1.06	New York	105	CD	1.16	New York	10949	BJ	0.92
Nevada	89045	SS	0.86	New York	106	CD	1.16	New York	10950	BJ	0.92
Nevada	89046	SS	0.86	New York	107	CD	1.16	New York	10951	CD	1.16
Nevada	89047	SS	0.86	New York	108	CD	1.16	New York	10952	CD	1.16
Nevada	89048	SS	0.86	New York	110	CD	1.16	New York	10953	BJ	0.92
Nevada	89049	SS	0.86	New York	111	CD	1.16	New York	10954	CD	1.16
Nevada	89050	SS	0.86	New York	112	CD	1.16	New York	10956	CD	1.16
Nevada	89052	BU	1.06	New York	113	CD	1.16	New York	10958	BJ	0.92
Nevada	89053	BU	1.06	New York	114	CD	1.16	New York	10959	BJ	0.92
Nevada	89054	BU	1.06	New York	115	CD	1.16	New York	10960	CD	1.16
Nevada	89060	SS	0.86	New York	116	CD	1.16	New York	10962	CD	1.16
Nevada	89061	SS	0.86	New York	117	CD	1.16	New York	10963	BJ	0.92
Nevada	89067	SS	0.86	New York	118	CD	1.16	New York	10964	CD	1.16
Nevada	89070	SS	0.86	New York	119	CD	1.16	New York	10965	CD	1.16
Nevada	89074	BU	1.06	New York	120	BJ	0.92	New York	10968	CD	1.16

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State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
New York	10969	BJ	0.92	Ohio	446	C	0.85	Pennsylvania	176	C	0.85
New York	10970	CD	1.16	Ohio	447	C	0.85	Pennsylvania	177	C	0.85
New York	10973	BJ	0.92	Ohio	448	C	0.85	Pennsylvania	178	C	0.85
New York	10974	CD	1.16	Ohio	449	C	0.85	Pennsylvania	179	C	0.85
New York	10975	BJ	0.92	Ohio	450	D	0.90	Pennsylvania	180	C	0.85
New York	10976	CD	1.16	Ohio	451	D	0.90	Pennsylvania	181	C	0.85
New York	10977	CD	1.16	Ohio	452	D	0.90	Pennsylvania	182	C	0.85
New York	10979	BJ	0.92	Ohio	453	D	0.90	Pennsylvania	183	C	0.85
New York	10980	CD	1.16	Ohio	454	D	0.90	Pennsylvania	184	C	0.85
New York	10981	BJ	0.92	Ohio	455	C	0.85	Pennsylvania	185	C	0.85
New York	10982	CD	1.16	Ohio	456	C	0.85	Pennsylvania	186	C	0.85
New York	10983	CD	1.16	Ohio	457	C	0.85	Pennsylvania	187	C	0.85
New York	10984	CD	1.16	Ohio	458	C	0.85	Pennsylvania	188	C	0.85
New York	10985	BJ	0.92	Ohio	459	D	0.90	Pennsylvania	189	CA	1.13
New York	10986	CD	1.16	Oklahoma	730	PP	0.74	Pennsylvania	190	CA	1.13
New York	10987	BJ	0.92	Oklahoma	731	PP	0.74	Pennsylvania	191	CA	1.13
New York	10988	BJ	0.92	Oklahoma	732	PP	0.74	Pennsylvania	192	CA	1.13
New York	10989	CD	1.16	Oklahoma	733	PP	0.74	Pennsylvania	193	CA	1.13
New York	10990	BJ	0.92	Oklahoma	734	SS	0.86	Pennsylvania	194	CA	1.13
New York	10992	BJ	0.92	Oklahoma	735	PP	0.74	Pennsylvania	195	C	0.85
New York	10993	CD	1.16	Oklahoma	736	PP	0.74	Pennsylvania	196	C	0.85
New York	10994	CD	1.16	Oklahoma	737	PP	0.74	Puerto Rico	006	W	0.70
New York	10995	CD	1.16	Oklahoma	738	PP	0.74	Puerto Rico	007	W	0.70
New York	10996	BJ	0.92	Oklahoma	739	PP	0.74	Puerto Rico	009	W	0.70
New York	10997	BJ	0.92	Oklahoma	740	PP	0.74	Rhode Island	028	B	0.80
New York	10998	BJ	0.92	Oklahoma	741	PP	0.74	Rhode Island	029	B	0.80
North Carolina	270	A	0.75	Oklahoma	742	PP	0.74	South Carolina	290	AW	0.72
North Carolina	271	A	0.75	Oklahoma	743	PP	0.74	South Carolina	291	AW	0.72
North Carolina	272	A	0.75	Oklahoma	744	PP	0.74	South Carolina	292	AW	0.72
North Carolina	273	A	0.75	Oklahoma	745	SS	0.86	South Carolina	293	AW	0.72
North Carolina	274	A	0.75	Oklahoma	746	PP	0.74	South Carolina	294	BA	0.79
North Carolina	275	A	0.75	Oklahoma	747	SS	0.86	South Carolina	295	BA	0.79
North Carolina	276	A	0.75	Oklahoma	748	PP	0.74	South Carolina	296	AW	0.72
North Carolina	277	A	0.75	Oklahoma	749	PP	0.74	South Carolina	297	AW	0.72
North Carolina	278	A	0.75	Oregon	970	A	0.75	South Carolina	298	BA	0.79
North Carolina	279	A	0.75	Oregon	971	A	0.75	South Carolina	299	BA	0.79
North Carolina	280	A	0.75	Oregon	972	A	0.75	South Dakota	570	AU	0.68
North Carolina	281	A	0.75	Oregon	973	AW	0.72	South Dakota	571	AU	0.68
North Carolina	282	A	0.75	Oregon	974	AW	0.72	South Dakota	572	AU	0.68
North Carolina	283	A	0.75	Oregon	975	AW	0.72	South Dakota	573	AU	0.68
North Carolina	284	A	0.75	Oregon	976	AW	0.72	South Dakota	574	AU	0.68
North Carolina	285	A	0.75	Oregon	977	AW	0.72	South Dakota	575	AU	0.68
North Carolina	286	A	0.75	Oregon	978	AW	0.72	South Dakota	576	AU	0.68
North Carolina	287	A	0.75	Oregon	979	AW	0.72	South Dakota	577	AU	0.68
North Carolina	288	A	0.75	Panama	000	F	1.00	Tennessee	370	BE	0.84
North Carolina	289	A	0.75	Pennsylvania	150	BO	0.98	Tennessee	371	BE	0.84
North Dakota	580	C	0.85	Pennsylvania	151	BO	0.98	Tennessee	372	BE	0.84
North Dakota	581	C	0.85	Pennsylvania	152	BO	0.98	Tennessee	373	BE	0.84
North Dakota	582	C	0.85	Pennsylvania	153	BO	0.98	Tennessee	374	BE	0.84
North Dakota	583	C	0.85	Pennsylvania	154	BO	0.98	Tennessee	375	BE	0.84
North Dakota	584	C	0.85	Pennsylvania	155	C	0.85	Tennessee	376	BE	0.84
North Dakota	585	C	0.85	Pennsylvania	156	BO	0.98	Tennessee	377	BE	0.84
North Dakota	586	C	0.85	Pennsylvania	157	C	0.85	Tennessee	378	BE	0.84
North Dakota	587	C	0.85	Pennsylvania	158	C	0.85	Tennessee	379	BE	0.84
North Dakota	588	C	0.85	Pennsylvania	159	C	0.85	Tennessee	380	BE	0.84
Ohio	430	C	0.85	Pennsylvania	160	C	0.85	Tennessee	381	BE	0.84
Ohio	431	C	0.85	Pennsylvania	161	C	0.85	Tennessee	382	BE	0.84
Ohio	432	C	0.85	Pennsylvania	162	C	0.85	Tennessee	383	BE	0.84
Ohio	433	C	0.85	Pennsylvania	163	C	0.85	Tennessee	384	BE	0.84
Ohio	434	C	0.85	Pennsylvania	164	C	0.85	Tennessee	385	BE	0.84
Ohio	435	C	0.85	Pennsylvania	165	C	0.85	Texas	733	BR	1.02
Ohio	436	BT	1.04	Pennsylvania	166	C	0.85	Texas	750	BR	1.02
Ohio	437	C	0.85	Pennsylvania	167	C	0.85	Texas	751	BR	1.02
Ohio	438	C	0.85	Pennsylvania	168	C	0.85	Texas	752	BR	1.02
Ohio	439	C	0.85	Pennsylvania	169	C	0.85	Texas	753	BR	1.02
Ohio	440	BT	1.04	Pennsylvania	170	C	0.85	Texas	754	D	0.90
Ohio	441	BT	1.04	Pennsylvania	171	C	0.85	Texas	755	D	0.90
Ohio	442	BT	1.04	Pennsylvania	172	C	0.85	Texas	756	D	0.90
Ohio	443	BT	1.04	Pennsylvania	173	C	0.85	Texas	757	D	0.90
Ohio	444	BT	1.04	Pennsylvania	174	C	0.85	Texas	758	D	0.90
Ohio	445	BT	1.04	Pennsylvania	175	C	0.85	Texas	759	D	0.90

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State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Texas	760	BR	1.02	Virginia	236	C	0.85	Virginia	22448	C	0.85
Texas	761	BR	1.02	Virginia	237	C	0.85	Virginia	22451	C	0.85
Texas	762	D	0.90	Virginia	238	AU	0.68	Virginia	22454	C	0.85
Texas	763	D	0.90	Virginia	239	AU	0.68	Virginia	22456	C	0.85
Texas	764	D	0.90	Virginia	240	AU	0.68	Virginia	22460	C	0.85
Texas	765	D	0.90	Virginia	241	AU	0.68	Virginia	22463	AU	0.68
Texas	766	D	0.90	Virginia	242	AU	0.68	Virginia	22469	C	0.85
Texas	767	D	0.90	Virginia	243	AU	0.68	Virginia	22471	AU	0.68
Texas	768	D	0.90	Virginia	244	AU	0.68	Virginia	22472	C	0.85
Texas	769	D	0.90	Virginia	245	AU	0.68	Virginia	22473	C	0.85
Texas	770	CD	1.16	Virginia	246	AU	0.68	Virginia	22476	C	0.85
Texas	771	CD	1.16	Virginia	22101	C	0.85	Virginia	22480	C	0.85
Texas	772	CD	1.16	Virginia	22102	C	0.85	Virginia	22481	C	0.85
Texas	773	CD	1.16	Virginia	22103	C	0.85	Virginia	22482	C	0.85
Texas	774	BR	1.02	Virginia	22106	C	0.85	Virginia	22485	C	0.85
Texas	775	CD	1.16	Virginia	22107	C	0.85	Virginia	22488	C	0.85
Texas	776	BR	1.02	Virginia	22108	C	0.85	Virginia	22501	AU	0.68
Texas	777	BR	1.02	Virginia	22109	C	0.85	Virginia	22503	C	0.85
Texas	778	D	0.90	Virginia	22116	C	0.85	Virginia	22504	C	0.85
Texas	779	D	0.90	Virginia	22118	C	0.85	Virginia	22507	C	0.85
Texas	780	D	0.90	Virginia	22119	C	0.85	Virginia	22508	AU	0.68
Texas	781	D	0.90	Virginia	22120	C	0.85	Virginia	22509	C	0.85
Texas	782	BR	1.02	Virginia	22121	C	0.85	Virginia	22511	C	0.85
Texas	783	D	0.90	Virginia	22122	C	0.85	Virginia	22513	C	0.85
Texas	784	BR	1.02	Virginia	22124	C	0.85	Virginia	22514	AU	0.68
Texas	785	D	0.90	Virginia	22125	C	0.85	Virginia	22517	C	0.85
Texas	786	D	0.90	Virginia	22134	C	0.85	Virginia	22520	C	0.85
Texas	787	D	0.90	Virginia	22135	C	0.85	Virginia	22523	C	0.85
Texas	788	D	0.90	Virginia	22150	C	0.85	Virginia	22524	C	0.85
Texas	789	D	0.90	Virginia	22151	C	0.85	Virginia	22526	C	0.85
Texas	790	D	0.90	Virginia	22152	C	0.85	Virginia	22528	C	0.85
Texas	791	D	0.90	Virginia	22153	C	0.85	Virginia	22529	C	0.85
Texas	792	D	0.90	Virginia	22156	C	0.85	Virginia	22530	C	0.85
Texas	793	BR	1.02	Virginia	22158	C	0.85	Virginia	22534	AU	0.68
Texas	794	BR	1.02	Virginia	22159	C	0.85	Virginia	22535	AU	0.68
Texas	795	D	0.90	Virginia	22160	C	0.85	Virginia	22538	AU	0.68
Texas	796	D	0.90	Virginia	22161	C	0.85	Virginia	22539	C	0.85
Texas	797	D	0.90	Virginia	22172	C	0.85	Virginia	22542	AU	0.68
Texas	798	D	0.90	Virginia	22180	C	0.85	Virginia	22544	C	0.85
Texas	799	D	0.90	Virginia	22181	C	0.85	Virginia	22545	AU	0.68
Texas	885	D	0.90	Virginia	22182	C	0.85	Virginia	22546	AU	0.68
Utah	840	W	0.70	Virginia	22183	C	0.85	Virginia	22547	C	0.85
Utah	841	W	0.70	Virginia	22184	C	0.85	Virginia	22548	C	0.85
Utah	842	W	0.70	Virginia	22185	C	0.85	Virginia	22551	AU	0.68
Utah	843	W	0.70	Virginia	22191	C	0.85	Virginia	22552	AU	0.68
Utah	844	W	0.70	Virginia	22192	C	0.85	Virginia	22553	AU	0.68
Utah	845	W	0.70	Virginia	22193	C	0.85	Virginia	22554	AU	0.68
Utah	846	W	0.70	Virginia	22194	C	0.85	Virginia	22555	AU	0.68
Utah	847	W	0.70	Virginia	22195	C	0.85	Virginia	22556	AU	0.68
Vermont	050	A	0.75	Virginia	22199	C	0.85	Virginia	22558	C	0.85
Vermont	051	A	0.75	Virginia	22401	C	0.85	Virginia	22560	C	0.85
Vermont	052	A	0.75	Virginia	22402	C	0.85	Virginia	22565	AU	0.68
Vermont	053	A	0.75	Virginia	22403	AU	0.68	Virginia	22567	AU	0.68
Vermont	054	A	0.75	Virginia	22404	C	0.85	Virginia	22570	C	0.85
Vermont	056	A	0.75	Virginia	22405	AU	0.68	Virginia	22572	C	0.85
Vermont	057	A	0.75	Virginia	22406	AU	0.68	Virginia	22576	C	0.85
Vermont	058	A	0.75	Virginia	22407	AU	0.68	Virginia	22577	C	0.85
Vermont	059	A	0.75	Virginia	22408	AU	0.68	Virginia	22578	C	0.85
Virgin Island	008	A	0.75	Virginia	22412	AU	0.68	Virginia	22579	C	0.85
Virginia	201	AU	0.68	Virginia	22427	AU	0.68	Virginia	22580	AU	0.68
Virginia	220	C	0.85	Virginia	22428	AU	0.68	Virginia	22581	C	0.85
Virginia	222	C	0.85	Virginia	22430	AU	0.68	Virginia	23001	C	0.85
Virginia	223	C	0.85	Virginia	22432	C	0.85	Virginia	23002	C	0.85
Virginia	226	AU	0.68	Virginia	22433	AU	0.68	Virginia	23003	C	0.85
Virginia	227	AU	0.68	Virginia	22435	C	0.85	Virginia	23004	AU	0.68
Virginia	228	AU	0.68	Virginia	22436	C	0.85	Virginia	23005	C	0.85
Virginia	229	AU	0.68	Virginia	22437	C	0.85	Virginia	23009	C	0.85
Virginia	232	C	0.85	Virginia	22438	C	0.85	Virginia	23011	C	0.85
Virginia	233	C	0.85	Virginia	22442	C	0.85	Virginia	23014	C	0.85
Virginia	234	C	0.85	Virginia	22443	C	0.85	Virginia	23015	C	0.85
Virginia	235	C	0.85	Virginia	22446	AU	0.68	Virginia	23018	C	0.85

NB UMS 2010	UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT										
	AREA RATING FACTORS BY STATE AND ZIP CODE										
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Code	Factor
Virginia	23021	C	0.85	Virginia	23128	C	0.85	West Virginia	265	BE	0.84
Virginia	23022	AU	0.68	Virginia	23129	C	0.85	West Virginia	266	BE	0.84
Virginia	23023	C	0.85	Virginia	23130	C	0.85	West Virginia	267	BE	0.84
Virginia	23024	AU	0.68	Virginia	23131	C	0.85	West Virginia	268	BE	0.84
Virginia	23025	C	0.85	Virginia	23138	C	0.85	Wisconsin	532	QQ	0.78
Virginia	23027	AU	0.68	Virginia	23139	C	0.85	Wisconsin	534	QQ	0.78
Virginia	23030	C	0.85	Virginia	23140	C	0.85	Wisconsin	535	W	0.70
Virginia	23031	C	0.85	Virginia	23141	C	0.85	Wisconsin	537	W	0.70
Virginia	23032	C	0.85	Virginia	23146	C	0.85	Wisconsin	538	W	0.70
Virginia	23035	C	0.85	Virginia	23147	C	0.85	Wisconsin	539	MM	0.64
Virginia	23038	C	0.85	Virginia	23148	C	0.85	Wisconsin	540	MM	0.64
Virginia	23039	C	0.85	Virginia	23149	C	0.85	Wisconsin	541	MM	0.64
Virginia	23040	AU	0.68	Virginia	23150	C	0.85	Wisconsin	542	MM	0.64
Virginia	23043	C	0.85	Virginia	23153	C	0.85	Wisconsin	543	MM	0.64
Virginia	23045	C	0.85	Virginia	23154	C	0.85	Wisconsin	544	W	0.70
Virginia	23047	C	0.85	Virginia	23155	C	0.85	Wisconsin	545	MM	0.64
Virginia	23050	C	0.85	Virginia	23156	C	0.85	Wisconsin	546	MM	0.64
Virginia	23055	AU	0.68	Virginia	23160	C	0.85	Wisconsin	547	MM	0.64
Virginia	23056	C	0.85	Virginia	23161	C	0.85	Wisconsin	548	MM	0.64
Virginia	23058	C	0.85	Virginia	23162	C	0.85	Wisconsin	549	W	0.70
Virginia	23059	C	0.85	Virginia	23163	C	0.85	Wisconsin	53001	W	0.70
Virginia	23060	C	0.85	Virginia	23168	C	0.85	Wisconsin	53002	W	0.70
Virginia	23061	C	0.85	Virginia	23169	C	0.85	Wisconsin	53003	W	0.70
Virginia	23062	C	0.85	Virginia	23170	AU	0.68	Wisconsin	53004	W	0.70
Virginia	23063	C	0.85	Virginia	23173	C	0.85	Wisconsin	53005	QQ	0.78
Virginia	23064	C	0.85	Virginia	23175	C	0.85	Wisconsin	53006	W	0.70
Virginia	23065	C	0.85	Virginia	23176	C	0.85	Wisconsin	53007	QQ	0.78
Virginia	23066	C	0.85	Virginia	23177	C	0.85	Wisconsin	53008	QQ	0.78
Virginia	23067	C	0.85	Virginia	23178	C	0.85	Wisconsin	53009	W	0.70
Virginia	23068	C	0.85	Virginia	23180	C	0.85	Wisconsin	53010	W	0.70
Virginia	23069	C	0.85	Virginia	23181	C	0.85	Wisconsin	53011	W	0.70
Virginia	23070	C	0.85	Virginia	23183	C	0.85	Wisconsin	53012	QQ	0.78
Virginia	23071	C	0.85	Virginia	23184	C	0.85	Wisconsin	53013	W	0.70
Virginia	23072	C	0.85	Virginia	23185	C	0.85	Wisconsin	53014	W	0.70
Virginia	23075	C	0.85	Virginia	23186	C	0.85	Wisconsin	53015	W	0.70
Virginia	23076	C	0.85	Virginia	23187	C	0.85	Wisconsin	53016	W	0.70
Virginia	23079	C	0.85	Virginia	23188	C	0.85	Wisconsin	53017	QQ	0.78
Virginia	23080	C	0.85	Virginia	23190	C	0.85	Wisconsin	53018	W	0.70
Virginia	23081	C	0.85	Virginia	23192	C	0.85	Wisconsin	53019	W	0.70
Virginia	23083	C	0.85	Washington	980	C	0.85	Wisconsin	53020	W	0.70
Virginia	23084	AU	0.68	Washington	981	C	0.85	Wisconsin	53021	W	0.70
Virginia	23085	C	0.85	Washington	982	C	0.85	Wisconsin	53022	QQ	0.78
Virginia	23086	C	0.85	Washington	983	C	0.85	Wisconsin	53023	W	0.70
Virginia	23089	C	0.85	Washington	984	C	0.85	Wisconsin	53024	QQ	0.78
Virginia	23090	C	0.85	Washington	985	C	0.85	Wisconsin	53026	W	0.70
Virginia	23091	C	0.85	Washington	986	C	0.85	Wisconsin	53027	W	0.70
Virginia	23092	C	0.85	Washington	988	C	0.85	Wisconsin	53029	W	0.70
Virginia	23093	AU	0.68	Washington	989	C	0.85	Wisconsin	53031	W	0.70
Virginia	23101	C	0.85	Washington	990	C	0.85	Wisconsin	53032	W	0.70
Virginia	23102	C	0.85	Washington	991	C	0.85	Wisconsin	53033	QQ	0.78
Virginia	23103	C	0.85	Washington	992	C	0.85	Wisconsin	53034	W	0.70
Virginia	23105	C	0.85	Washington	993	C	0.85	Wisconsin	53035	W	0.70
Virginia	23106	C	0.85	Washington	994	C	0.85	Wisconsin	53036	W	0.70
Virginia	23107	C	0.85	West Virginia	247	BE	0.84	Wisconsin	53037	QQ	0.78
Virginia	23108	C	0.85	West Virginia	248	BE	0.84	Wisconsin	53038	W	0.70
Virginia	23109	C	0.85	West Virginia	249	BE	0.84	Wisconsin	53039	W	0.70
Virginia	23110	C	0.85	West Virginia	250	BE	0.84	Wisconsin	53040	W	0.70
Virginia	23111	C	0.85	West Virginia	251	BE	0.84	Wisconsin	53042	W	0.70
Virginia	23112	C	0.85	West Virginia	252	BE	0.84	Wisconsin	53044	W	0.70
Virginia	23113	C	0.85	West Virginia	253	BE	0.84	Wisconsin	53045	QQ	0.78
Virginia	23114	C	0.85	West Virginia	254	BE	0.84	Wisconsin	53046	QQ	0.78
Virginia	23115	C	0.85	West Virginia	255	BE	0.84	Wisconsin	53047	W	0.70
Virginia	23116	C	0.85	West Virginia	256	BE	0.84	Wisconsin	53048	W	0.70
Virginia	23117	AU	0.68	West Virginia	257	BE	0.84	Wisconsin	53049	W	0.70
Virginia	23119	C	0.85	West Virginia	258	BE	0.84	Wisconsin	53050	W	0.70
Virginia	23120	C	0.85	West Virginia	259	BE	0.84	Wisconsin	53051	QQ	0.78
Virginia	23123	AU	0.68	West Virginia	260	BE	0.84	Wisconsin	53052	QQ	0.78
Virginia	23124	C	0.85	West Virginia	261	BE	0.84	Wisconsin	53056	W	0.70
Virginia	23125	C	0.85	West Virginia	262	BE	0.84	Wisconsin	53057	W	0.70
Virginia	23126	C	0.85	West Virginia	263	BE	0.84	Wisconsin	53058	W	0.70
Virginia	23127	C	0.85	West Virginia	264	BE	0.84	Wisconsin	53059	W	0.70

NB UMS 2010		UNITED OF OMAHA LIFE INS CO INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT										
			AREA RATING FACTORS BY STATE AND ZIP CODE									
State	Zip Code	Alpha Code	Factor	State	Zip Code	Alpha Cod	Factor	State	Zip Code	Alpha Cod	Factor	
Wisconsin	53060	W	0.70	Wisconsin	53154	QQ	0.78					
Wisconsin	53061	W	0.70	Wisconsin	53156	W	0.70					
Wisconsin	53062	W	0.70	Wisconsin	53157	W	0.70					
Wisconsin	53063	W	0.70	Wisconsin	53158	QQ	0.78					
Wisconsin	53064	W	0.70	Wisconsin	53159	QQ	0.78					
Wisconsin	53065	W	0.70	Wisconsin	53167	W	0.70					
Wisconsin	53066	W	0.70	Wisconsin	53168	W	0.70					
Wisconsin	53069	W	0.70	Wisconsin	53170	W	0.70					
Wisconsin	53070	W	0.70	Wisconsin	53171	QQ	0.78					
Wisconsin	53072	QQ	0.78	Wisconsin	53172	QQ	0.78					
Wisconsin	53073	W	0.70	Wisconsin	53176	W	0.70					
Wisconsin	53074	W	0.70	Wisconsin	53177	QQ	0.78					
Wisconsin	53075	W	0.70	Wisconsin	53178	W	0.70					
Wisconsin	53076	QQ	0.78	Wisconsin	53179	W	0.70					
Wisconsin	53078	W	0.70	Wisconsin	53181	W	0.70					
Wisconsin	53079	W	0.70	Wisconsin	53182	QQ	0.78					
Wisconsin	53080	W	0.70	Wisconsin	53183	W	0.70					
Wisconsin	53081	W	0.70	Wisconsin	53184	W	0.70					
Wisconsin	53082	W	0.70	Wisconsin	53185	W	0.70					
Wisconsin	53083	W	0.70	Wisconsin	53186	QQ	0.78					
Wisconsin	53085	W	0.70	Wisconsin	53187	QQ	0.78					
Wisconsin	53086	W	0.70	Wisconsin	53188	QQ	0.78					
Wisconsin	53088	W	0.70	Wisconsin	53189	QQ	0.78					
Wisconsin	53089	QQ	0.78	Wisconsin	53190	W	0.70					
Wisconsin	53090	W	0.70	Wisconsin	53191	W	0.70					
Wisconsin	53091	W	0.70	Wisconsin	53192	W	0.70					
Wisconsin	53092	QQ	0.78	Wisconsin	53194	QQ	0.78					
Wisconsin	53093	W	0.70	Wisconsin	53195	W	0.70					
Wisconsin	53094	W	0.70	Wisconsin	53199	W	0.70					
Wisconsin	53095	W	0.70	Wyoming	820	B	0.80					
Wisconsin	53097	QQ	0.78	Wyoming	821	B	0.80					
Wisconsin	53098	W	0.70	Wyoming	822	B	0.80					
Wisconsin	53099	W	0.70	Wyoming	823	B	0.80					
Wisconsin	53101	W	0.70	Wyoming	824	B	0.80					
Wisconsin	53102	QQ	0.78	Wyoming	825	B	0.80					
Wisconsin	53103	W	0.70	Wyoming	826	B	0.80					
Wisconsin	53104	QQ	0.78	Wyoming	827	B	0.80					
Wisconsin	53105	W	0.70	Wyoming	828	B	0.80					
Wisconsin	53108	QQ	0.78	Wyoming	829	B	0.80					
Wisconsin	53109	QQ	0.78	Wyoming	830	B	0.80					
Wisconsin	53110	QQ	0.78	Wyoming	831	B	0.80					
Wisconsin	53114	W	0.70	Wyoming	834	B	0.80					
Wisconsin	53115	W	0.70									
Wisconsin	53118	W	0.70									
Wisconsin	53119	W	0.70									
Wisconsin	53120	W	0.70									
Wisconsin	53121	W	0.70									
Wisconsin	53122	QQ	0.78									
Wisconsin	53125	W	0.70									
Wisconsin	53126	QQ	0.78									
Wisconsin	53127	W	0.70									
Wisconsin	53128	W	0.70									
Wisconsin	53129	QQ	0.78									
Wisconsin	53130	QQ	0.78									
Wisconsin	53132	QQ	0.78									
Wisconsin	53137	W	0.70									
Wisconsin	53138	W	0.70									
Wisconsin	53139	W	0.70									
Wisconsin	53140	QQ	0.78									
Wisconsin	53141	QQ	0.78									
Wisconsin	53142	QQ	0.78									
Wisconsin	53143	QQ	0.78									
Wisconsin	53144	QQ	0.78									
Wisconsin	53146	QQ	0.78									
Wisconsin	53147	W	0.70									
Wisconsin	53148	W	0.70									
Wisconsin	53149	W	0.70									
Wisconsin	53150	QQ	0.78									
Wisconsin	53151	QQ	0.78									
Wisconsin	53152	W	0.70									
Wisconsin	53153	W	0.70									

SERFF Tracking Number: MUTM-126422940 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 44431
 Company Tracking Number: THEA SHEPHERD
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.010 Plan M 2010
 Standard Plans 2010
 Product Name: Medicare Supplement Standards Plans 2010 M & N - UM30-22545
 Project Name/Number: Medicare Supplement Standards Plans 2010 M & N - United/UM30-22545

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Accepted for Informational Purposes	01/27/2010

Comments:

Attachments:

AR Read Cert.pdf
 AR Certif of Compliance with Rule 19.pdf

	Item Status:	Status Date:
Satisfied - Item: Application	Accepted for Informational Purposes	01/27/2010

Comments:

Previously approved application UA5910-03 approved on April 25, 2008, will be used to apply for these new Medicare supplement plans.

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Accepted for Informational Purposes	01/27/2010

Comments:

Please see the Outlines of Coverage attached under the Form Schedule tab.

	Item Status:	Status Date:
Satisfied - Item: Arkansas Fee Schedule Certification	Accepted for Informational Purposes	01/27/2010

Comments:

Attachment:

AR Fee Schedule Cert .pdf

SERFF Tracking Number: MUTM-126422940 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 44431
 Company Tracking Number: THEA SHEPHERD
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.010 Plan M 2010
 Standard Plans 2010
 Product Name: Medicare Supplement Standards Plans 2010 M & N - UM30-22545
 Project Name/Number: Medicare Supplement Standards Plans 2010 M & N - United/UM30-22545

		Item Status:	Status Date:
Satisfied - Item:	Arkansas Credit Card Certification	Accepted for Informational Purposes	01/27/2010
Comments:			
Attachment:			
	AR Credit Card Cert.pdf		

		Item Status:	Status Date:
Satisfied - Item:	DP2B Disclosure Page - previously approved 08/18/2009	Accepted for Informational Purposes	01/27/2010
Comments:			
Attachment:			
	DP2B (Outline Disclosure Page).pdf		

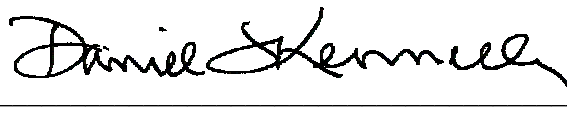
CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
UM30-22545	Medicare Supplement Policy Plan M	44.7
UM31-22546	Medicare Supplement Policy Plan N	44.8

United of Omaha Life Insurance Company

Date: December 23, 2009




Daniel J. Kennelly
Vice President & Chief Compliance Officer

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: United of Omaha Life Insurance Company

Form Number(s): UM30-22545, UM31-22546, BC39, CP39, RP39.9.B-AR,
RP39.25.B-AR

I hereby certify, to the best of my knowledge and belief, that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.


Signature of Company Officer

Daniel J. Kennelly

Name

Vice President & Chief Compliance Officer

Title

December 23, 2009

Date

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Neil Sandhoefner

402-351-6969

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* 2 X \$50 = \$ 100

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ X \$50 = _____

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* _____ X \$20 = _____

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**

Arkansas Insurance Department

Mike Huckabee
Governor



Julie Benafield Bowman
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.
2. The company must certify that failure to pay the credit card bill will not affect the premium payment.
3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.

Daniel Kennelly
SIGNATURE

12/23/2009
DATE

United of Omaha Life Insurance Company
COMPANY

CC-1

Disclosures

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

Premium Information

We, United of Omaha, can only raise your premium if we raise the premium for all the policies like yours in the same geographic area of the state where you live.

Risk Class Rating

If, according to our underwriting standards, you are overweight or underweight for your height, you will be considered to be a greater insurable risk. In such a case, your premium will be priced either as Class I - 10% or Class II - 20% higher than the rates illustrated, based on your Body Mass Index (BMI) reading. Risk class rating will not be applicable when you apply for coverage during an open enrollment or guaranteed issue period.

Household Premium Discount

If you resided with at least one, but no more than three, other Medicare eligible adults for the past year, or you are married, and at least one of these other adults or your spouse also owns or is issued a Medicare Supplement policy underwritten by United of Omaha or its affiliates, you will be eligible for a household premium discount. The discounted premium will be priced 7% lower than the rates illustrated. Your policy's household premium discount will be removed if your spouse or the other Medicare Supplement policyholder chooses to terminate their Medicare Supplement policy or he or she no longer resides with you (other than in the case of their death).

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

The policy may not fully cover all of your medical costs. Neither United of Omaha nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.